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<b>13. SUPPLEMENTARY NOTES</b>					
<b>14. ABSTRACT</b>  The MIDHT project continues to implement and research health information technologies (HIT) within the Conemaugh Health System, located in Southwestern Pennsylvania. Core technologies under investigation include pharmacy robotics, bar code medication administration (BCMA) and health information exchange via the Nationwide Health Information Network. Significant progress has been made on both arms of the project. Pharmacy robotics is widely deployed throughout Memorial Medical Center and has been extended to the rural Meyersdale Medical Center. Bar code medication administration went live on three inpatient units on 27 September 2011. Research activities are progressing as planned. Conemaugh was conditionally approved to participate in the Nationwide Health Information Network after passing conformance and interoperability testing. Discussions are in progress with the Department of Veterans Affairs regarding a production pilot.					
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## **Introduction**

The Military Interoperable Digital Hospital Testbed (MIDHT) is a five-year program of research to develop a real-world testbed environment in Southwestern Pennsylvania. The purpose is to research and evaluate Health Information Exchange (HIE) and health information technology (HIT) and services (HITS) that make health information readily available to consumers and providers. Ideally this will allow for the secure transfer of information between private sector rural providers, federal partners and patients. MIDHT will also define requirements and solutions to optimize healthcare resources for rural communities and identify lessons learned and best practices that benefit both the global MHS environment and stakeholders in the region. The Department of Defense (DoD) and Conemaugh Memorial Medical Center (CMMC) have common requirements for HIE, connecting disparate systems and providers and enabling secure provider-provider and provider-consumer e-communications. Minimal evidence is available on what business, clinical and technical solutions can be used to overcome the lack of specialists, infrastructure and geographical barriers associated with the delivery of care in rural communities.

CMMC hosted a site visit for Dr. Steve Steffensen and Betty Levine from the Telemedicine and Advanced Technology Research Center (TATRC) on 9 June 2011 in Johnstown, Pennsylvania. A physical tour of the pharmacy robotics system was completed in addition to a live demo of the health information exchange using the CONNECT 3.1 software. Great strides have been made since their visit in June. Northrop Grumman Corporation is an integral subcontractor for the HIE deliverables.

### **Arm 1. The Impact of Medication Dispensing/Administration Technology Within a Rural Healthcare System.**

In order to improve efficiency and safety of medication dispensing and administration, a complementary set of health information technologies are being implemented. A centrally managed pharmacy robotics system has been implemented at the tertiary care facility, CMMC. Many of the medications ordered for use on inpatient floors are currently dispensed by the Robot Rx<sup>®</sup>. Bar coded medications are now administered at the bed side on three pilot floors, accompanied by an electronic medication administration record (eMAR). Research objectives focus on medication errors, provider workflow, provider satisfaction and related financial data.

### **Arm 2. Health Information Exchange (HIE) via the Nationwide Health Information Network (NwHIN).**

Building upon work completed in previous phases, CMMC continued efforts on health information exchange using the NwHIN standards and specifications. In order to update our HIE environment, open-source version CONNECT 3.1 ([www.connectopensource.org](http://www.connectopensource.org)) was deployed and integrated with existing functionality. Important milestones have included



patient discovery with Initiate Master Patient Index, restructuring of xml consistent with the HITSP C32 specification, integration of emergency room discharge summaries in HITSP C62 format and completing NWHIN conformance/interoperability testing with the Office of the National Coordinator for Health IT (ONC).

## **Body**

### ***Subtask 1.1 Implement pharmacy robotic technology and bar-coded enabled medication administration (BCMA) in an acute hospital system setting.***

#### **Pharmacy Robotics Implementation**

During the last quarter, the Robotic automation effort was fully deployed for CMMC and Meyersdale Medical Center (MYMC). Fulfill-Rx automated re-ordering training and operational status went live on August 30, 2011. Numerous equipment-related, workflow-related, and training-related issues came to light as more nurse stations came on board with the new process.

Equipment issues were particularly troublesome and created challenges for the pharmacy staff. These issues included the filling speed and location of stat orders, repackager inconsistencies and applicability to certain medications, suction issues with the robotic arm that result in dropped (missing) medications, and increased noise levels. Weekly support calls were held and several field adjustments were made by the vendor on both the Robot and MedCarousel. Performance and uptime improved incrementally during the period. By September 27, 2011, all but a handful of issues remained outstanding. One area of continued concern is the envelope delivery system, or EDS. This is the mechanism whereby the Robot places picked meds into patient-specific cardstock envelopes for transportation to the nursing station. The EDS will sporadically mis-function and cause some medications to miss the envelope. The vendor has improved the process via equipment adjustments, but reliability issues remain at the time of this report. Reliability of the EDS is the only remaining unresolved high-priority issue.

Unanticipated workflow issues for nursing came to light as the new process was rolled out. One in particular was the continuation of previous habits. The previous decentralized medication distribution model required nursing to pull all patient medications from automated dispensing cabinets (ADC's) located on each nurse station. During the project planning phase, it pharmacy decided to leave the medications in the ADC's as a precaution in the event the new centralized distribution process had problems. Pharmacy discovered that nursing was continuing to pull all their medications from the ADC instead of from the envelopes. The correct process is to pull only narcotics from the ADC, since all other medications are to be in the envelope. This resulted in envelopes being returned to the pharmacy full of medications and requiring manual crediting to the patient's account. The issue was exacerbated by the fact that the bar code medication administration (BCMA) process was not yet deployed and nursing did not have the new carts in place to house the medications sent from the pharmacy.

Pharmacy has addressed the issue by providing additional education to nursing and by removing the scheduled meds from the ADC's so that nursing must use the envelopes. Anecdotal concerns exist from nursing as they need to empty envelopes before placing specific medications into drawers on the mobile medication carts.

A second workflow issue involves hours of pharmacy operation. Under the decentralized model, night-shift was a slow time with minimal activity other than off-hours order processing. This changed in the new Robot-driven centralized workflow model. Pharmacy has learned that they need to utilize the midnight shift to perform cart fill so that the envelopes for the next day can be delivered to Nursing in the early morning. This change has required a review of staffing so that additional staff is scheduled for the midnight shift. Plans for this change have been approved. Implementation will occur as soon as staff schedules can be filled.

A final operational issue involves the capacity of the automation system. We have learned that, even with optimization efforts, the combined capacity of the Robot and MedCarousel are not sufficient to meet the needs of Conemaugh's operations. A re-budget request is currently being developed to address this issue by adding a second MedCarousel. Major tasks for next quarter are to move all Robot fill to night shift and continue to smooth out operations associated with workflow and the BCMA rollout. Please see Appendix A for pictures of the equipment.

### **Bar Code Medication Administration (BCMA) Implementation**

#### **October – December 2010**

- Executed contract with McKesson for Admin Rx project

#### **January – March 2011**

- Vendor and internal project managers assigned
- Nursing champions identified to assist in workflow design
- AdminRx project kick-off conference call with vendor conducted on March 14, 2011

#### **April – June 2011**

- Build training of MIS and pharmacy staff
- Wireless infrastructure assessed, recommendations made
- MIS and pharmacy staff completed AdminRx on-line education
- Continued with AdminRx System build
- Carelink interface migration for training and QA environments
- Device evaluation continued

## **July - September 2011**

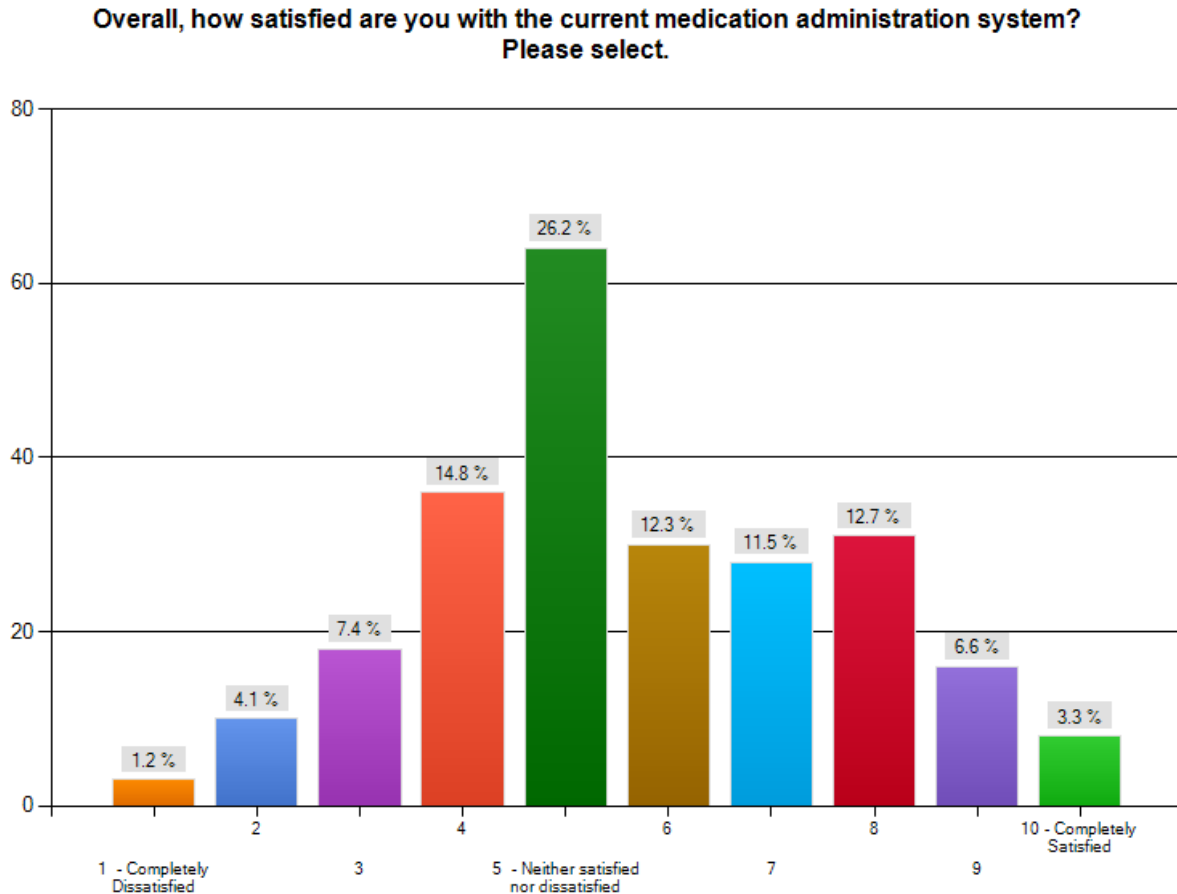
- McKesson Implementation Team visit to begin bar code verification
- Citrix environment testing
- Development of user training material
- Training schedules completed
- Set-up and tested AdminRx reports to Horizon Patient Folder
- Table copied from facility 01 to facility 02
- Continued bar code verification
- Device selection finalized and initial equipment order initiated
- End user training began – 4 hour classroom session with hands-on practice
- End user training continued
- Training of Super User Support Team, which consists of 10 nurses loaned to MIS by nursing to assist in AdminRX rollout. These 10 nurses received 40 hours of classroom training by MIS project team experts
- Go-live planning
- Device configuration and testing
- Pilot units Ashman 7, Rose 7 and Cardiac Intensive Care Unit (CICU) live on 09/27/2011

Please refer to Appendices B and C for Admin Rx training materials.

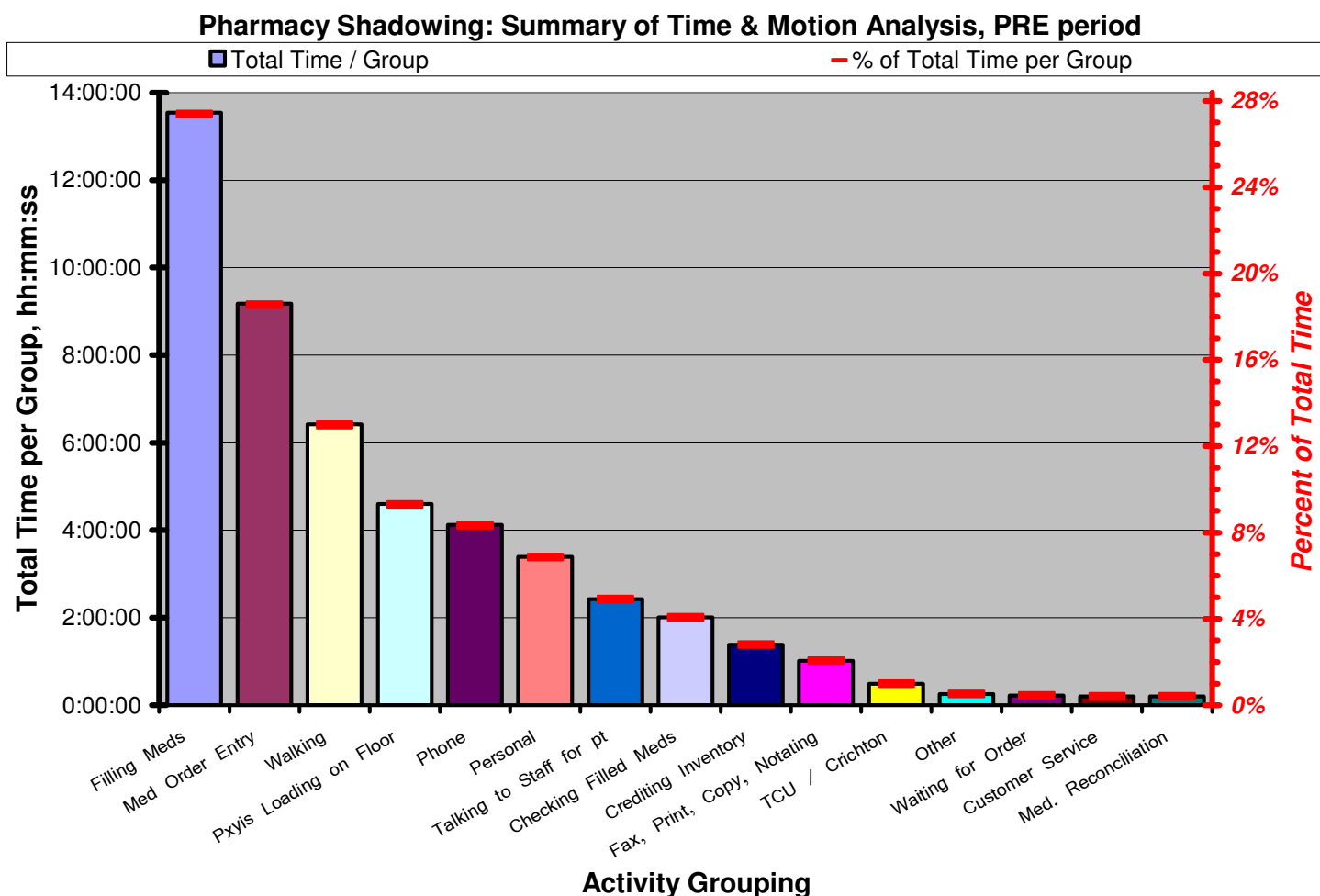


***Subtask 1.2 Research and analyze the resulting technological impact on medication errors, pharmacist productivity, nurse satisfaction/workflow and patient satisfaction.***

The Medication Administration System-Nurses' Assessment of Satisfaction (MAS-NAS), developed by Hurley et al at Brigham and Women's Hospital, was made available through various means to all CHS inpatient nurses in early April. The response from stakeholders has resulted in 262 acceptable surveys, an approximate response rate of 38%. The column chart below depicts nurse satisfaction with the current medication administration system (baseline). As depicted, 46% of respondents are satisfied with the current system. This presents a real opportunity to improve nursing satisfaction through the pharmacy robotics and bar code medication administration implementation. The survey has been closed for CMMC and rural MYMC inpatient nurses but remains open for nurses at Miners Medical Center (MIMC). Union negotiations at MIMC have been a barrier to receiving additional responses from that site.



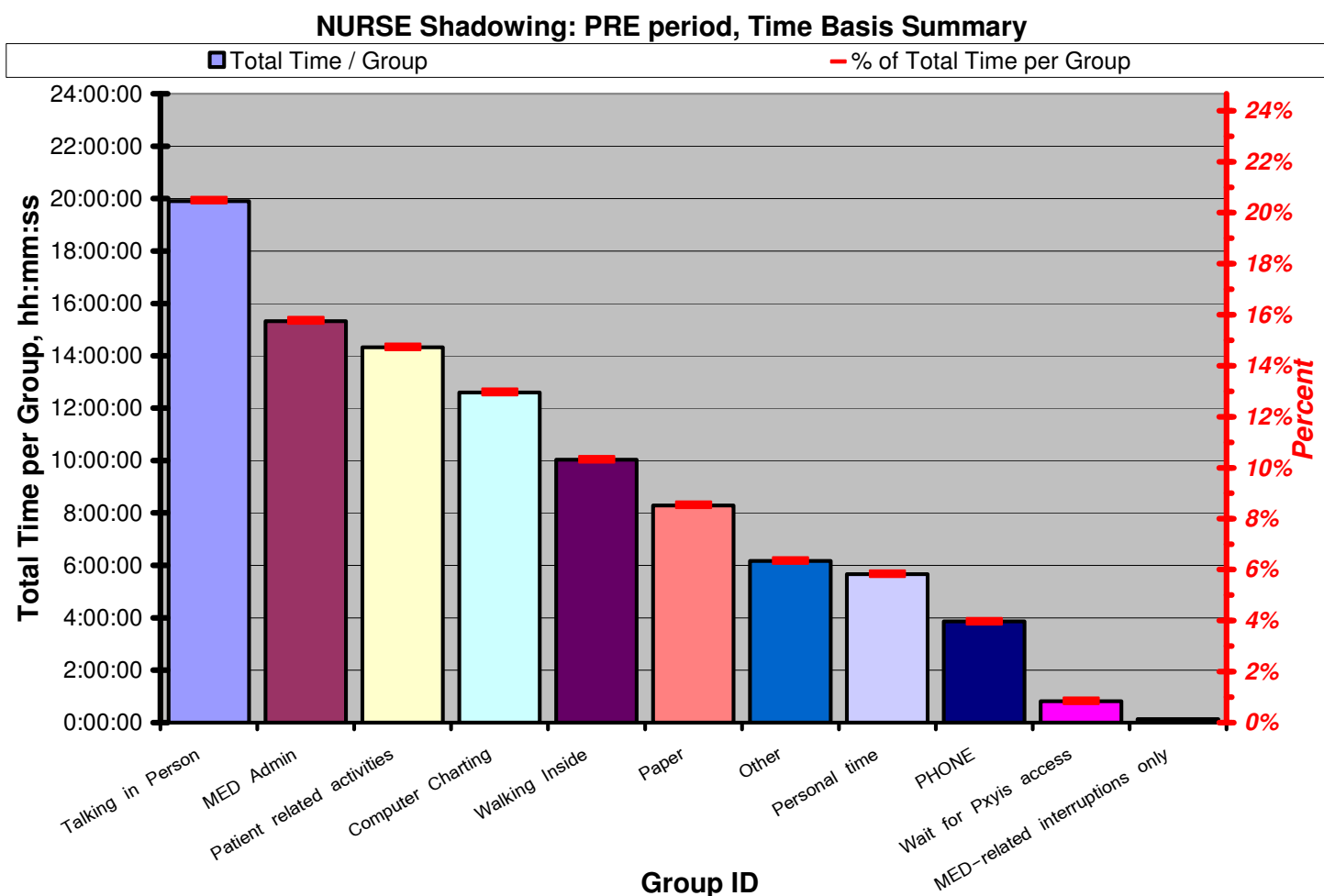
The research team conducted 12 baseline time and motion observations of CMMC pharmacy staff during the month of April 2011. Each staff member was typically shadowed for a continuous 4-hour period. Varying shifts were selected to create a representative sample. As depicted below in the column chart, approximately 27% of the time was used to fill medication orders. The next four most time consuming activities were medication order entry by pharmacists (18%), walking in the department or throughout the hospital (13%), loading medications into Pyxis machines (9%), and talking on the phone to hospital staff (8%). A similar effort will be conducted during a stabilized state, post implementation of the pharmacy automation system.



Baseline data has been collected for the following items:

- Medication Error Reports (by type, severity, quantity, and location)
- Non-returnable, expired medications and associated cost
- Annual drug expenses and ending inventory for 3 hospitals
- Number of bar-coded medications sent by courier to MYMC

Time and motion observations of nursing staff have been completed at CMMC and MyMC for the baseline period. Twenty seven (27) RN's and LPN's from various locations were typically shadowed for a continuous four-hour period during peak medication administration times. Preliminary data was reviewed and summarized below. As depicted, talking to patients and staff in person was the most frequent activity at 23% of the time. The second highest activity was medication administration at 17% of the time, followed by patient related activities (e.g. patient assessment/assistance) (16%), computer charting (14%) and walking inside (11%). Additional sessions at the rural MIMC are being scheduled (according to sufficient patient volume).



## **Conclusion**

Pharmacy automation and bar code medication administration implementations have occurred on schedule despite various challenges noted in the report. Extension of the technology to Miners Medical Center will occur during the next year. Post implementation research will be integral to assess the impact of said technologies on cost, provider workflow, patient safety and stakeholder satisfaction.

***Subtask 2.1 Deploy a limited production, NHIN standards-based HIE focusing on the bi-directional exchange of electronic medical records between CHS and the Military Health System. CHS information to include data domains residing in acute care and ambulatory settings.***

CMMC and Northrop Grumman Corporation (NGC) have worked closely to design and implement a standards-based health information exchange using the five core NwHIN specifications, which include patient discovery, document query, document retrieve, messaging and authorization. NGC led migration efforts to CONNECT 3.1 from CONNECT 2.1. This was done in order to stay current with releases. The activities below represent NGC software development during various cycles throughout the year.

**Northrop Grumman Corporation Activities**

**Cycle 1 (October 2010 – January 2011)**

- 1.1. Dynamic Document Assembler CONNECT Plug-in did not work “out of the box”
  - Two web services (AdapterDocQuerySecured and AdapterDocRetrievedSecured) required updates to match the new WSDLs in CONNECT v3.1
  - Hibernate code needed to be redirected to point to local configuration files
  - Document Manager web service had to have several endpoints condensed to eliminate "dispatch" errors
- 1.2. Support Module/Marital Status updates to Document Assembler
  - Added support module to C32.
- 1.3. Updated style sheet to include Support Module information
  - Added Support Module (Contact Information) to the CMMC C32 style sheet.
- 1.4. Medication Header
  - The header for the medications section of the C32, as displayed in the Inbox, was changed to read "Medications" instead of "Allergies".
- 1.5. SIG Field
  - Under the Medications section, a value now displayed under the "Sig" column for each medication.
  - Valid values are a series of asterisks (\*) if a Sig value is not available from Allscripts or test data that describes the medication entry.



- 1.6. Configured NG Clinical Viewer to work with CONNECT v3.1
  - Reconfigured Clinical Viewer/Front end to work in 3.1 environment.
- 1.7. Allergy Reaction field not displaying all reactions in the xml file
  - Added functionality to CMMC style sheet to render multiple Allergy reactions.
- 1.8. Implemented document assembler changes for onset date within Allergies and Problems
  - Updated Document Assembler to populate the <text> field in the C32 with the parsed <text> field from the CareRecord for Allergies and Problems (parsed the date information from the text field).
  - Updated the CMMC style sheet to display the <text> field if the effectiveTime field was not populated.
- 1.9. Incorporated base inbox code
  - The UniversalClientGUI, which is available with CONNECT v3.1, has been patched to work with the updated document assembler code and CONNECT v3.1 base code.
- 1.10. Resolved locating patients in the Gateway MPI as per v3.1 patient consent
  - Enables the ConsumerPreferencesProfileGUI to look up patients in the CONNECT default MPI.
- 1.10 Checked Property Files into Subversion that are already configured for CMMC and "Other" (TATRC) endpoints.
  - Updated configuration files currently checked in source control to be configured to work with CMMC.
  - Copies of the CMMC versions were checked into source control under the following convention \*- CMMC.
  - Copies of original files were also checked into source control under the following convention \*- ORIGINAL. Files affected: adapter.properties, adapter\_common\_datlayer.properties, gateway.properties, internalConnectionInfo.xml, docassembly\_dll.sql.
- 1.11 Resolved the persistence issues within the patient consent module v3.1
  - Opt-in/Opt-out consumer consent choices are now persisted.

## **Cycle 2 (February – May 2011)**

### 2.1 Created WSDL for Emergency Room Discharge Summary

- The CAL WSDL was updated and provided to CMMC as part of the overarching Emergency Room (ER) Discharge Summary tasking.

### 2.2 Enhanced inbox to support unstructured document type (C62)

- Inbox was modified to display the contents of a C62 document. In addition, static references to the C32 document were removed from the GUI's code.

### 2.3 Added line to the docassembly database script to add the document type for ER Discharge Summaries. This script is run during the install.

### 2.4 CONNECTUniversalClientGUI SAML errors

- This update addresses the issue that is encountered when the user tries to search for a patient from the mpi.xml file using the CONNECTUniversalClientGUI application. Specifically, adding the appropriate xml files to the src\main\java\META-INF folder and updating the wsit-client.xml file to reflect that the missing files were added solves this issue.

### 2.5 Updates to CONNECT Universal Client GUI

- This update allows the user to choose targeted gateways via a combo box that appears under both the patient discovery and document query tabs. This update also dynamically chooses a style sheet to render a document against, based on the OID of the responding gateway.

### 2.6 Corrected AdHocQuery Status Slot

- This update corrected the entry status slot value in the Document Query request. The value was updated from "urn:oasis:names:tc:ebxml-regrep:ApprovedStatusType:Approved", which was the default value in the CONNECT GUI, to "urn:oasis:names:tc:ebxml-regrep:StatusType:Approved".

### 2.7 Participant Module is constructed even if no patient demographic information is available

- Corrected the construction process of the participant module such that it only occurs if patient demographic information is available.

### 2.8 C32 still being returned even when no patient information from Allscripts is returned.

- Completed updates to handle the situation when no patient demographic information is stored in Allscripts. An empty document (C32) was being returned, and is displayed in Inbox. When viewed, the document had no information.

## 2.9 Updated Information Source Module to include address and phone number

- Updated Information Source Module to include address and phone number in C32's

## 3.0 Multiple items returned from Initiate

- Modified the Initiate Connector to parse the Initiate response in the event that multiple patients are returned with the same EID. Response returned contains the most updated patient entry per EID.

## 3.1 Modified the Initiate Connector to include the recStatFilter within the Initiate request.

## 3.2 Modified the Initiate Connector to include middle name in a given tag.

## 3.3 Implemented Spring Injection points in CONNECT v3.1 framework for Patient Discovery

- Spring Injection points now allow for one of four selectable implementations for every service in CONNECT v3.1 framework for Patient Discovery

## 3.4 Patient Discovery - Responding side to Initiate

- Allows a patient discovery request from a remote gateway to pass through the CHS Gateway and adapter, then on to Initiate, where a patient lookup is performed, and the results are passed along to the requestor. This external search allows at most one patient, and a high threshold (minScore) to be sent to Initiate. Also, internal patient search has been enhanced to use the same flow through, with different rules (allows multiple returns, sets different min score (lower threshold) to Initiate)

## 3.5 Patient Discovery - Initiating side to Initiate

- Changes were made to the CONNECTUniversalClientGUI in order to facilitate the building of a Patient Discovery Request that can be sent to all configured gateways or to targeted gateways. In support of the target gateway functionality, a textbox was added under the Patient Discovery tab. This textbox allows users to input the OIDs of target communities. In addition to the updates that were made to the GUI code, updates were also made to the interactionId value that is contained within the CHSCoreLib and CONNECTCoreLib projects. The change updates the value to reflect the actual

type (PRPA\_IN201305UV02 instead of PRPA\_IN201305UV) of the request that is being sent out.

### 3.6 Modified Patient Discovery Response to be compliant with Patient Discovery Specification

- This modification enhanced the response created by the Initiate Connector by making it Patient Discovery schema compliant

### 3.7 Returned PRPA\_IN201306UV02 (Patient Discovery Response) does not pass Schema Validation

- Updated PRPA\_IN201305UV02 (Patient Discovery Response) to pass schema validation

### 3.8 Patient Discovery Response is Missing "asAgent" Tags

- Added missing "asAgent" section to the Patient Discovery response created by the CHSCoreLib

### 3.9 Investigated and fixed as required the SAML attributes generated in the SOAP headers of messages from the CHS gateway

- This incident updated the values presented in the SAML header, from the CMMC Gateway, to acceptable values for ONC Conformance testing. The SAML header identifies, in a secure way, the person/party making a request on the NHIN.

### 4.0 All items in response from Initiate are not NwHIN Patient Discovery specification compliant

- Format of suffix, DoB, and telephone number fixed in the Patient Discovery Response to be NwHIN Patient Discovery specification compliant

### 4.1 Patient Discovery Response is Missing "queryByParameter" Tags

- This update adds the missing queryByParameter section to the response created by the CHSCoreLib

### 4.2 Patient Discovery needs to support Address1 and Address2 lines

- Modified the createPatientPerson method within INITIATEtoCAL.java to allow for multiple street address tags.

### 4.3 Patient Discovery - Telephone Numbers do not match specification (RFC 3966)

- This update added the country code to the Patient Discovery Response to make phone numbers schema compliant

#### 4.4 Added Social Security Number (SSN) to Patient Discovery Response

### **Cycle 3 (June – July 2011)**

#### 1.0 Added functionality to the Document Assembler to allow for handling of multiple Emergency Room Discharge Summaries (C62's)

- Enhanced the Document Assembler to be able to assemble (query and retrieve) multiple C62 documents, for a single patient.

#### 1.1 Updated CONNECT Universal Client GUI Inbox to allow for display C62's

- The existing VLER Inbox code has been incorporated into the CONNECTUniversalClientGUI so that C62documents can be rendered.

#### 1.2 C62 documents are not returned during a query if a C32 document is requested (based on class code)

- Code modified to enforce class code sent in request for all applicable documents.

#### 1.3 Gateway shall correctly respond to failed retrieve document requests

- Correct document retrieve error codes now appear in document retrieve response messages per specification.

#### 1.4 EntityDocRetrieve interface always returns RegistryResponse status of success

- The message success and failure codes for messages sent out through the EntityDocRetrieve interface are now correct.

#### 1.5 Document Assembler does not handle concatenated XDSDocumentEntryClassCode

- When an incoming docQuery request is retrieved, the code will be parsed so that only the class code is used.

#### 1.6 Updated CONNECT Universal Client GUI document search page

- The current date fields in the CONNECTUniversalClientGUI have been modified to work off of service dates rather than creation dates. The "Earliest Date" now represents the Service Start Time From and the "Most Recent Date" now represents the Service Start Time To value.

### 1.7 Updated document assembler to handle or ignore service dates based on document type

- Updated document assembler code to honor service times received in a document query request from remote gateways specific to C62's

### 1.8 Document Query mishandling service times and class codes

- Corrected the enforcement of the Class Codes within the document assembler.

### 1.9 Modified the outgoing document query to send specific class code

- A combo-box control was added to the Documents tab of the CONNECTUniversalClientGUI which allows a user to query for the document types of their choice. When no values are chosen from the combo-box, all document types will be queried for and a ClassCode slot value will be excluded from the Document Query request.

### 2.0 Modified the document query request to use the proper DocumentEntryStatus code

- The CONNECTUniversalClientGUI now generates a document query request that contains the status types of both "Approved" and "DeferredCreation"

### 2.1 Modified the system to filter based on status type

- A doc query response message indicating no documents found will be sent when the \$XDSDocumentEntryStatus value is NOT Approved.

### 2.2 Investigated enforcement of Opt-In/Opt-Out for Patient Consent

- When Patient Consent is configured to support the Opt-In/Opt-Out enforcement, this code will block all requests for data for any patient who has "Opted Out" or who has not made an Opt-In or Opt-Out selection. Data will be returned only for those patients who have made an Opt-In choice and had their choice stored in the document database in their Consumer Preferences Profile (CPP) document.

### 2.3 Updated format codes contained in metadata for C32 and C62

- Updated the document assembler to read the metadata configuration values from a property file, docassembly.properties, instead of from the database, das\_config table. This allows for different values to be used for different document types. Also, updated metadata values for both C32 and C62 document types and the class code from 59258-4 to 18842-5 for Discharge Summaries based upon VLER communications.

## 2.4 Document Assembler mishandling meta-data for multiple documents/document types

- Corrected the handling of meta-data when multiple document types and /or multiple C62's are involved.

### **Cycle 4 (August 2011 – Present)**

- 1.0 Resolved all errors returned when a CMMC C62 document is validated against the Lantana testing tool.
- 1.1 Fixed the caching functionality of the CMMC Document Assembler so that multiple copies of the same C32 and C62 documents do not get created and stored within the document repository.
- 1.2 Made CPP GUI active and ready to perform Opt-in and Opt-out procedures. Also, removed the fine-grain controls from the GUI and set the tab order of the GUI components.
- 1.3 Fixed the CONNECT Universal Client GUI calendar controls by making the fonts consistent and removing the validation that prevents a user from leaving the calendar values empty.
- 1.4 Added the background gradient, CMMC logo, and NHIN logo to the CONNECT Universal Client GUI.
- 1.5 Moved the Social Security Administration OID from the gateway.properties file to the universalClient.properties file and modified Page2.java to use the universalClient.properties file for the SSA OID.
- 1.6 Modified the code that reads the local repository id's, so that it is "static" and only processed one time when documents are retrieved.
- 1.7 An error discovered during the September 15<sup>th</sup> Interoperability testing session was resolved by making certain the "repositoryId" value, contained within the Document Retrieve response, is properly populated.
- 1.8 The "resource-id" SAML attribute was added to all requests that are generated from the CONNECT Universal Client GUI. The addition of this attribute resolved display issues that were experienced when trying to view Interoperability Testing results via the ONC testing interface.
- 1.9 All items from the final Bill of Material submission have been identified and verified against the original purchase orders and invoices.
- 2.0 In order to facilitate information and code sharing across organizations, Allen Barger and Reed Haslam have been participating in weekly discussions with CMMC and TATRC.

- 2.1 On September 27, 2011, Allen Barger, Emily Reynolds and Reed Haslam attended a discussion at CMMC in which the integration of the CONNECT Universal Client GUI and Consumer Preferences Profile GUI with the Care Portal application was discussed. It was decided to first secure the stand alone GUI using Open SSO and Lightweight Directory Access Protocol (LDAP) technology.
- 2.2 Identified errors contained within the C32 using the NIST validation tool. Subsequently began significant effort to resolve 60-70 errors to be compliant with the HITSP and Continuity of Care Document specifications.

Please refer to Appendix E and F for C32 and C62 samples.

### **NwHIN Onboarding Review**

In order to participate in the NwHIN, participants must complete various phases of the Onboarding process before exchanging data. Test data was entered by MIS staff on various patients, including demographics (Initiate MPI) and clinical documents (Allscripts). CMMC has made tremendous progress over the past year and has been conditionally accepted to participate in the “Exchange” (see Appendix D). Stages #1-3 have been completed, #4 is pending. John Hargreaves attends monthly NwHIN coordinating committee meetings.

#### **Stages**

##### **Stage 1: Qualification**

#### **Description**

- After self-qualification, organization submits completed application package including the signed Data Use and Reciprocal Support Agreement (DURSA)
- NwHIN Implementation Team reviews application package and works with the organization as needed to complete the package
- NwHIN Implementation Team reviews application package and coordinates an eligibility review with the NwHIN Coordinating Committee (NCC)
- NCC reviews application package to ensure organization meets all eligibility requirements

##### **Stage 2: Validation**

- NwHIN Implementation Team sends test certificate and validation framework information to organization
- Organization configures its test environment and executes conformance and interoperability testing



- Organization submits evidence of successful tests to NwHIN Implementation Team
- NwHIN Implementation Team prepares validation package and submits to NCC

### **Stage 3: NCC Review**

- NwHIN Implementation Team coordinates a review with NCC to evaluate the application and validation results
- NCC evaluates application and makes a decision on whether to conditionally approve the organization or disapprove the organization and request remediation (if applicable)
- NCC notifies the NwHIN Implementation Team and the organization of membership status

### **Stage 4: Activation**

- NwHIN Implementation Team provides production certificate and requests production registry information from the organization
- Organization provides production registry information to NwHIN Implementation Team
- NwHIN Implementation Team configures NHIN registry with organization's information
- NCC executes the DURSA Joinder
- NCC notifies organization of NHIN membership
- Organization is now a NwHIN Participant and ready to exchange data over the NwHIN Exchange

The following technical issues were encountered during various testing sessions with ONC contractors and were subsequently fixed in order to continue and pass conformance/interoperability testing:

1. authorOrPerformer tag missing
2. Class code and class code scheme are not concatenated
3. Error codes missing for failed document retrieve responses
4. Assertion/@ID (invalid leading character)
5. Attribute/AttributeValue shall be a plain text description of the name of the user
6. Attribute/@Name = urn:oasis:names:tc:xspa:1.0:subject:organization-id (Missing "urn:oid:" prefix)
7. Attribute/@Name = urn:nhin:names:saml:homeCommunityId (Missing "urn:oid:" prefix)
8. Multiple Classification entryUUID's (id attribute in XML) not in UUID format
9. Multiple ExternalIdentifier entryUUID's (id attribute in XML) not in UUID format
10. DocumentEntry(urn:uuid:2162a61c-dc42-47ad-b7b7-42cde022c1dd): availabilityStatus attribute (status attribute in XML) must be present

11. DocumentEntry(urn:uuid:2162a61c-dc42-47ad-b7b7-42cde022c1dd): lid attribute empty or missing
12. Slot creationTime: 20110607155024-0400 is not in HL7 V2 DateTime format
13. Slot repositoryUniqueId: 1 is not in OID format
14. DocumentEntry(urn:uuid:2162a61c-dc42-47ad-b7b7-42cde022c1dd): VersionInfo attribute missing
15. RegistryResponseValidator: status attribute must be [urn:oasis:names:tc:ebxml-regrep:ResponseStatusType:Failure]
16. empty <ns4:RegistryErrorList/> included in RDR 3.1
17. resource-id in the SAML header not present
18. coding scheme incorrect in doc query response
19. <ns7:RepositoryUniqueId> not populated in the doc retrieve response

### **Discussions with the Department of Veterans Affairs (VA)**

Various discussions and email communications have occurred with the VA over the past year. During the HIMSS conference in February 2011, John Hargreaves performed a demo of the CMMC exchange for Tim Cromwell in the Interoperability Showcase area. In June 2011, Judith Hutman introduced Omar Bouhaddou (from the VA) to CMMC. These technical contacts have been very helpful answering questions about patient discovery and document query. Consequently, John Hargreaves participated in two Virtual Lifetime Electronic Record (VLER) workgroup discussions (led by Nona Hall – DoD) on July 1, 2011 and July 8, 2011.

More recently, CMMC had a display at the Laurel Highlands Veterans Information Program (VIP) Seminar on August 17, 2011 in Johnstown, PA. John Hargreaves had a discussion with Andrea Young, Public Affairs Officer, at the James E. Van Zandt VA Medical Center in Altoona, PA. CMMC again expressed an interest in a local NwHIN pilot.

Dr. Steffensen introduced Jamie Bennett (VLER Project Manager) to CMMC on August 26, 2011. John Hargreaves followed up the introduction with an overview of the project and status of NwHIN Onboarding. CMMC continued to provide milestone updates in September 2011 and Jamie Bennett stated she would be in contact in October 2011, as five new VA partners were going LIVE shortly. CMMC is looking forward to future engagements with VA stakeholders.

### **Immunizations Exchange**

John Hargreaves/CMMC had a discussion with Frank Caniglia from the Pennsylvania Department of Health on June 1, 2011. Both parties reviewed the proposed exchange architecture using CONNECT and written process flow. CMMC is awaiting feedback to determine if the project will move forward.

***Subtask 2.2 Provide technical and documentation assistance on DoD-managed Virtual Lifetime Electronic Record (VLER) efforts.***

CMMC has not been asked by TATRC representatives to provide direct support for VLER initiatives to date.

***Subtask 2.3 Investigate productizing a Patient Consent module using established standards, such as TP20/XACML.***

Draft deliverable completed by Northrop Grumman. Document sent via email to TATRC for review and input on July 5, 2011.

***Subtask 2.4 Assess and analyze NHIN-related activities, to include data center performance metrics, physician evaluation and usage of the NHIN Portal, and resulting benefits of HIE with federal participants.***

Research protocol development is pending until federal partners have been solidified for health information exchange via NwHIN. It would be premature to identify specific research hypotheses and objectives at this time.

**Conclusion**

Challenges with Onboarding to the Nationwide Health Information Network have been met with commitment and ultimate success. Various technical issues have been overcome in adhering to NwHIN/IHE/HITSP/HL7 specifications using the open source CONNECT 3.1 framework and three backend system adapters (Initiate/Allscripts/McKesson). CMMC has expressed an interest in a local NwHIN pilot with the Department of Veterans Affairs to improve medical care to veterans in our service area.

## **Key Research Accomplishments**

- Pharmacy automation fully deployed at CMMC and MYMC
- Three BCMA pilot units live at CMMC
- Baseline data collection (research) 95% complete
- CMMC conditionally accepted to participate in NwHIN “Exchange”
- Numerous discussions with VA about pilot project
- Code sharing to TATRC subversion and Alembic Foundation

## **Reportable Outcomes**

### **Presentations**

- CMMC Research Poster Symposium
- TATRC Site Visit
- Laurel Highlands Veterans Information Program (VIP) Seminar

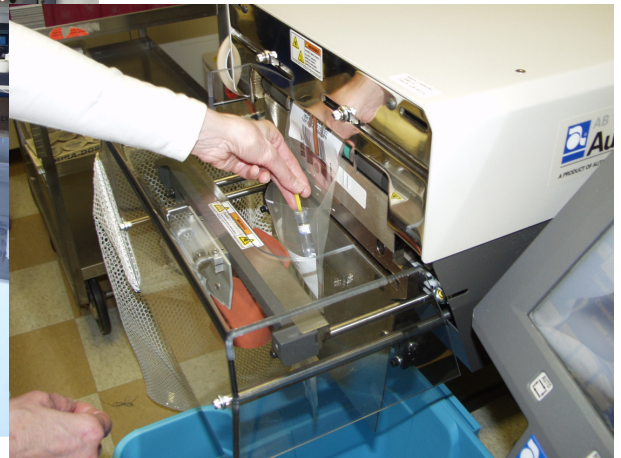
### **Licenses**

- Open source license completed for CMMC code donations

## **Conclusion**

Conemaugh Memorial Medical Center has made significant progress on both arms of the project throughout the past year. The Statement of Work (SOW) tasks are being executed as stated. Technical implementations and research activities are progressing on schedule with no deviations. We hope other organizations find our lessons learned useful.

## Appendix A - Pictures of CMMC Pharmacy Robotics Implementation



## ***Appendix B – Nursing Quick Reference Guide (Admin-Rx)***

# **Nursing Quick Reference Guide Admin-Rx**

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**MMC Help Desk x9195**



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**Care Organizer – Select patient name vs. scanning the wristband**

\* If the patient's wristband is unavailable from the Admissions Dept, this function may be used ~ if the patient's wristband is simply missing, it must be replaced immediately

1. Click the "**Patient**" button
  - ✓ Your department census will be the default
2. Click on & highlight the patient's name
  - ✓ You may need to complete an active search if the patient has not been added to the census by the Admissions Dept
3. Click "**OK**"

## Care Organizer – “Active” Radio Button

- The “Active” radio button will display all of the active medications ordered for that patient

- The patient’s name is in the 1<sup>st</sup> column

- “Effective” (2<sup>nd</sup>) column lists the date & time that the med was ordered

- They are organized by groups (3<sup>rd</sup> column):

- IVs
- Meds
- Meds-RT (Respiratory meds)

- The other columns list med name, dose, route, frequency & any pertinent comments

☐ Overdues (0)    ☐ Changes (0)  
☐ To Do (18)    ☒ Active (28)

Care Organizer - A9 0900-2 GREY, RK2 (Unknown)										NKA	?			
File View Print Chart Review Profile Orders Utilities Help														
All Pats		Chart	Complete	Assigned	Patient	Lab	Rad	HED	Transcription	Clinical History	Allergies	Med Hx	Orders	Exit
<input type="radio"/> Overdues (0)		<input type="radio"/> Changes (0)		From: 08/31/11 00:00		To: 09/01/11 06:00				Refresh		Details		
<input type="radio"/> To Do (18)		<input checked="" type="radio"/> Active (28)												
Patient Name	Effective	Group	Status	Ordered Item	Dose/Duration	Route	Prn/Frq (Rate)	Order #	Comment					
GREY, RK2 (A9 0900-2) MRN	08/31 09:00	IVS	Active	DEXTROSE 5%-14 NORMAL SAL	1000 ML	IV	RTN 100 ml/hr	3276071						
			Active	DOPAMINE 400MG/DSW 250ML	400 MG	IV	RTN 19.69 ml/hr	3276073	***CENTR					
	08/31 14:00	IVS	Active	HEPARIN IN DSW PMK	25000 UNIT	IV	RTN	3276072	CONCENT					
	08/31 09:00	MEDS	Active	POTASSIUM CHLORIDE 10 %	20 MEQ=20 MEG LIQD	ORAL	ONCE ONCE	3276066	DRUG 5H					
			Active	ASPIRIN	325 MG=1 TAB	ORAL	RTN DAILY	3276051	**DO NOT					
	08/31 12:00	MEDS	Active	CETIRAXONE IN DEXTROSE 50	10=50 ML POBK	IV	RTN DAILY	3276057						
	08/31 09:00	MEDS	Active	DIOXIN (LANOXIN)	125 MG=1 TAB	ORAL	RTN QOD	3276069						
			Active	FLUCINONIDE 0.05 %	1 APPLIC CREA	TOPL	RTN QAM	3276068	**TOPICAL					
	08/31 14:00	MEDS	Active	BENTAMICIN 0.05% NSS 100ML	50 MG=100 ML POBK	IV	RTN Q8H	3276062						
	08/31 12:00	MEDS	Active	INDOMETHACIN	50 MG=(2 x 25 MG CAP)	ORAL	RTN TIDCC	3276050	TAKE/ON					
	08/31 22:00	MEDS	Active	INSULIN GLARGINE (LANTUS SO	20 UNIT=0.2 ML INPN	SUBCUT	RTN HS	3276058	**FOR SU					
	08/31 14:00	MEDS	Active	LABETALOL	100 MG=(0.5 x 200 MG	ORAL	RTN Q8H	3276068	BETABLO					
			Active	METHYLPREDNISOLONE SODIUM	20 MG=0.5 ML SOLR	IV	RTN Q8H	3276052						
			Active	MICONAZOLE NITRATE 2 % (ZEAS	1 APPLIC POWD	TOPL	RTN Q8H	3276058	TO ABOON					
	08/31 12:00	MEDS	Active	NEOMYCIN-POLYMYXIN-HC	4 DROP DRPS	OTIC	RTN QID	3276064	***FOR TE					
	08/31 09:00	MEDS	Active	NICOTINE 14 MG/24 HR (NICOTIN	14 MG=1 PATCH PT24	TOPL	RTN DAILY	3276049	**TOPICAL					
			Active	AMMONIUM LACTATE 12 %	1 APPLIC LOTN	TOPL	PRN BIDP	3276081	TO DRY S					
			Active	EYE LUBRICANT (LACRI LUBE S	1 APPLIC OINT	OPHT	PRN TIDP	3276065	***FOR TE					
			Active	HYDROCOD-APAP 5-500 MG (LOR	1 TABLET TAB	ORAL	PRN Q4HP	3276063	ADULT MA					
			Active	INSULIN (NOVOLIN R) (NOVOLIN	6-6 UNIT=1-6 UNIT SO	SUBCUT	PRN TIDP	3276055	OIVE ACC					
			Active	ONDANSETRON HCL	4 MG=2 ML SOLN	IV	PRN Q4-6P	3276067	FOR NAU					
			Active	FERROUS SULFATE	325 MG=1 TAB	ORAL	RTN QH	3276070	OIVE FER					

## Care Organizer – “To Do” Radio Button

- The “To Do” radio button will display all of the active medications to be administered during the set timeframe

- The set timeframe is 24 hours ~ 12 hours before log-in and 12 hours after log-in time

- Meds are listed chronologically, in order of administration times, in the “Scheduled” column

- The bottom of the screen will provide a timed work-list of when meds are due.

Abbreviations include:

M = med

I = IV med

H = hanging IVF

- By clicking on these abbreviations, Care Organizer will show you only those meds to be administered for that hour

☐ Overdues (0)    ☐ Changes (0)  
☒ To Do (29)    ☐ Active (27)

Care Organizer - A9 0900-2 - GREY, R32 - (Unknown)

File View File Report Chart Review Profile Orders Utilities Help

All Pats Chart Complete Assigned Patient Lab Rad HED Transcription Clinical History Allergies Med Hx Orders Exit

Overdues (0) Changes (0)  
To Do (29) Active (27)

From: 08/31/11 To: 08/31/11

Refresh Details

Patient Name	Scheduled	Group	Status	Ordered Item	Dose/Duration	Route	Pty Freq (Rate)	Order #	Comments
GREY, R32 (A9 0900-2) MRN	08/31 09:00	IVS	Scheduled	DEXTRROSE 5%-14 NORMAL SAL	1000 ML	IV	0 ml/hr	3276071	
			Scheduled	DOPAMINE 400MG/DSW 250ML P	400 MG	IV	19.69 ml/hr	3276072	***CENTR
			Hanging	DOPAMINE 400MG/DSW 250ML P	400 MG	IV	19.69 ml/hr	3276073	***CENTR
	08/31 12:00	MEDS-RT	Overdue	ALBUTEROL-IPRAT 2.5-0.5 MG/3ML	3 ML=3 ML NEBU (Ch)	INHALAT	RTN RTQID	3276053	TO BE AC
		MEDS	Overdue	CEFTRIAXONE IN DEXTROSE 500	1 g=50 ML PGKB	IV	RTN DAILY	3276057	
			Overdue	MICONAZOLE NITRATE 2 % (ZEAS	1 APPLIC POWD	TOPL	RTN Q8H	3276056	TO ABOON
	08/31 13:00	MEDS	Overdue	NEOMYCIN-POLYMYXIN-HC	4 DROP DRPS	OTIC	RTN QID	3276064	***FOR TR
		MEDS-RT	Overdue	ALBUTEROL-IPRAT 2.5-0.5 MG/3ML	3 ML=3 ML NEBU (Ch)	INHALAT	RTN RTQID	3276053	TO BE AC
	08/31 14:00	IVS	Scheduled	HEPARIN IN DSW PMK	25000 UNIT	IV	0 ml/hr	3276072	CONCENT
			Hanging	HEPARIN IN DSW PMK	25000 UNIT	IV	0 ml/hr	3276072	CONCENT
		MEDS	Overdue	GENTAMICIN 80MG/ISS 100ML	80 MG=100 ML PGKB	IV	RTN Q8H	3276062	
	08/31 17:00		Overdue	LABETALOL	100 MG=(0.5 x 200 MG	ORAL	RTN Q8H	3276068	BETABLO
			Scheduled	INDOMETHACIN	50 MG=(2 x 25 MG CAP	ORAL	RTN TIDCC	3276050	TAKEJOVE
		MEDS-RT	Scheduled	NEOMYCIN-POLYMYXIN-HC	4 DROP DRPS	OTIC	RTN QID	3276064	***FOR TR
	08/31 21:00		Scheduled	ALBUTEROL-IPRAT 2.5-0.5 MG/3ML	3 ML=3 ML NEBU (Ch)	INHALAT	RTN RTQID	3276053	TO BE AC
		MEDS	Scheduled	MICONAZOLE NITRATE 2 % (ZEAS	1 APPLIC POWD	TOPL	RTN Q8H	3276056	TO ABOON
	08/31 22:00		Scheduled	NEOMYCIN-POLYMYXIN-HC	4 DROP DRPS	OTIC	RTN QID	3276064	***FOR TR
		MEDS-RT	Scheduled	ALBUTEROL-IPRAT 2.5-0.5 MG/3ML	3 ML=3 ML NEBU (Ch)	INHALAT	RTN RTQID	3276053	TO BE AC
			Scheduled	INSULIN GLARGINE (LANTUS 300	20 UNIT=(0.2 ML INP)	SUBCUT	RTN HS	3276056	***FOR SU
	08/31 22:00		Scheduled	LABETALOL	100 MG=(0.5 x 200 MG	ORAL	RTN Q8H	3276068	BETABLO
			Scheduled	METHYLPREDNISOLONE SODIUM	20 MG=(0.5 ML SOLR	IV	RTN Q8H	3276052	
	09/01 00:00		Scheduled	MICONAZOLE NITRATE 2 % (ZEAS	1 APPLIC POWD	TOPL	RTN Q8H	3276056	TO ABOON

Start McKesson PCView for WL Care Organizer - A9 0... Document1 - Microsoft ... 5:00 PM

☒ Overdues (18)    ☐ Changes (0)  
☐ To Do (16)    ☐ Active (24)

- The “Overdue” radio button will display any medications that are overdue and require administration

- If you want to hold these medications until the next scheduled dose, they must be documented as being “held” in HED (refer to page 18)

- If you want to administer these meds at a later time, before the next scheduled dose, they may be administered late in HED (refer to page 19)

Care Organizer - A9 0900-2 - GREY, R32 - (Unknown)

File View File Report Chart Review Profile Orders Utilities Help

All Pats Chart Complete Assigned Patient Lab Rad HED Transcription Clinical History Allergies Med Hx Orders Exit

Overdues (17) Changes (0)  
To Do (16) Active (27)

From: 08/31/11 To: 08/31/11

Refresh Details

Patient Name	Scheduled	Group	Status	Ordered Item	Dose/Duration	Route	Pty Freq (Rate)	Order #	Comments
GREY, R32 (A9 0900-2) MRN	08/31 09:00	MEDS-RT	Overdue	ALBUTEROL-IPRAT 2.5-0.5 MG/3ML	3 ML=3 ML NEBU (Ch)	INHALAT	RTN RTQID	3276053	TO BE ADM
	08/31 12:00	MEDS	Overdue	CEFTRIAXONE IN DEXTROSE 500	1 g=50 ML PGKB	IV	RTN DAILY	3276057	
			Overdue	MICONAZOLE NITRATE 2 % (ZEAS	1 APPLIC POWD	TOPL	RTN Q8H	3276056	TO ABOON
	08/31 13:00	MEDS	Overdue	NEOMYCIN-POLYMYXIN-HC	4 DROP DRPS	OTIC	RTN QID	3276064	***FOR THE
		MEDS-RT	Overdue	ALBUTEROL-IPRAT 2.5-0.5 MG/3ML	3 ML=3 ML NEBU (Ch)	INHALAT	RTN RTQID	3276053	TO BE ADM
	08/31 14:00		Overdue	GENTAMICIN 80MG/ISS 100ML	80 MG=100 ML PGKB	IV	RTN Q8H	3276062	
		MEDS	Overdue	LABETALOL	100 MG=(0.5 x 200 MG	ORAL	RTN Q8H	3276068	BETABLOCKE

Start McKesson PCView for WL Care Organizer - A9 0... Document1 - Microsoft ... 5:01 PM

## Care Organizer – “Changes” Radio Button

- The “Changes” radio button will display any medication orders that have been changed
- Changed medication orders will need to be confirmed (refer to page 10)
- This screen will display changed med orders exclusively ~ the “Active” and “To Do” screens will also show these changed orders, as well as any other active med orders

☐ Overdues (0)
 ☒ Changes (0)
 ☐ To Do (16)
 ☐ Active (27)

Care Organizer - A9 0902-1 - GREY, RX6 - (Unknown) NKA

File View File Report Chart Review Profile Orders Utilities Help

All Pats Chart Complete Assigned Patient Lab Rad HED Transcription Clinical History Allergies Med Hx Orders Exit

☐ Overdues (0)
 ☒ Changes (0)
 ☐ To Do (16)
 ☐ Active (27)

☒ Current chart
 From: 06/01/11 To: 06/01/11

Time range: 16:00 20:00

Refresh Details

Patient Name	Effective	Group	Status	Ordered Item	Dose/Duration	Route	Pkly Freq (Rate)	Order #	Comments
No Changes Found For GREY, RX6									

Patient Name	Patient Location/Facility	Care Team	MD Team	Account #	MRN	Admit D

Start | Microsoft PCView for WL... | Care Organizer - A9 0... | Document1 - Microsoft... | 5:06 PM

#### **Care Organizer – Single Medication Confirmation**



- \* All medication orders needing confirmed will be highlighted in yellow
- \* Med orders needing confirmation include new med orders, changed or discontinued med orders

1. Double-click on the highlighted medication
2. Review med order detail screen
3. Select **“Confirm”**
4. Click **“OK”**

#### **Care Organizer – Multiple Medication Confirmation**



1. Click on the **“View”** drop-down menu
2. Select **“Confirm Unconfirmed”**
3. Review med order detail screen
4. Select **“Confirm”**
5. Click **“OK”**
6. The next med detail screen will appear and the confirmation process will continue until all meds needing confirmation are completed
  - ✓ If you need to stop the multiple confirmation process at any time, click the **“Stop Confirming”** button at the bottom of the screen

### Scheduled Med Administration with a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click  on the "**ALL MEDS**" class bar
  - ✓ Scheduled meds due in the 1 hour administration timeframe, from login, will be listed
6. Scan the medication(s) barcodes
  - ✓ As you scan, ensure the med name, dose & route correctly populate in the highlighted row
  - ✓ If you've scanned a med by accident & wish to remove it from the highlighted med list, click the  button
7. Scan the patient's wristband again to enter confirmation screen
8. Review list of meds for that charting session & annotate any information as needed
9. Administer the medication(s) to the patient
10. Click "**Confirm**"



### Scheduled Med Administration without a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click  on the "**ALL MEDS**" class bar
6. Click the underlined med name/link
7. Review the med order details to verify it matches the med that you are administering
8. Click  button on the bottom right-hand corner
9. Ensure the med name, dose & route correctly populate in the highlighted row
10. Scan the patient's wristband again to enter confirmation screen
11. Review list of meds for that charting session & annotate any information as needed
12. Administer the medication(s) to the patient
13. Click "**Confirm**"







### PRN Med Administration with a Barcode




1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Scan the PRN medication barcode
  - ✓ You may review the PRN meds available in either Care Organizer or by selecting "**Review Med Order**" in the "**ALL MEDS**" class bar in HED
6. Ensure the med name, dose & route correctly populate in the highlighted row
7. Scan the patient's wristband again to enter confirmation screen
8. Review meds for charting session & annotate any information as needed
9. Administer the medication(s) to the patient
10. Click "**Confirm**"

### PRN Med Administration without a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click  on the "**ALL MEDS**" class bar
6. Click "**Med Orders**" on the "**ALL MEDS**" class bar
7. Select "**Active PRN**" on the left-hand column
8. Click on the PRN med name that you are going to administer
9. Click  button on the bottom right-hand corner
10. Ensure the med name, dose & route correctly populate in the highlighted row
11. Scan the patient's wristband again to enter confirmation screen
12. Review list of meds for charting session & annotate any information as needed
13. Administer the medication(s) to the patient
14. Click "**Confirm**"




### Add a Medication (Stat, Verbal Order, etc) with a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click  on the "**ALL MEDS**" class bar
6. Scan the medication barcode
7. Review scanned med name, dose & route and modify any information as needed
8. Scan the patient's wristband again to enter confirmation screen
9. Provide override reason from the drop-down menu
  - ✓ Override type will be "No Med Order Found"
10. Click "**Override**"
11. Review list of meds for charting session & annotate any information as needed
12. Administer the medication(s) to the patient
13. Click "**Confirm**"



### Add a Medication (Stat, Verbal Order, etc) without a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click  on the "**ALL MEDS**" class bar
6. Click "**Add**" on the "**ALL MEDS**" class bar to access MMC Formulary
  - ✓ MMC Formulary is searchable by generic/primary name ~ the brand/secondary name is populated into the 2<sup>nd</sup> column
7. Type in the generic med name
8. Scroll down to find the appropriate dose & route
  - ✓ There may be multiple listings of the same dosage & route ~ that's due to meds being obtained from multiple drug companies. Simply choose one of the meds with the correct dosage & route.
9. Select the appropriate medication




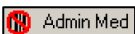

continued →

10. Click "✓**Add**" on the bottom right-hand corner
11. Ensure the med name, dose & route correctly populate in the highlighted row
12. Scan the patient's wristband again to enter confirmation screen
13. Provide override reason from the drop-down menu
  - ✓ Override type will be "No Med Order Found"
14. Click "**Override**"
15. Review list of meds for charting session & annotate any information as needed
16. Administer the medication(s) to the patient
17. Click "**Confirm**"



### Hold a Scheduled Med



1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click  on the "**ALL MEDS**" class bar
6. Click the underlined med name/link
7. Click  button on the bottom right-hand corner
8. Using the drop-down box farthest right in the highlighted row, select a reason for not administering the med
  - ✓ You may annotate a more specific reason by clicking  the icon, just as you would for your usual HED charting
9. Click "**Save**"
10. Review med information & annotate as needed
11. Click "**Confirm**"

### Administer a Med Early or Late



1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
  - ✓ If there are overdue meds, the "**ALL MEDS**" class bar will be **RED**
5. Scan the medication barcode
6. Ensure the med name, dose & route correctly populate in the highlighted row
7. Scan the patient's wristband again to enter confirmation screen
8. Provide override reason from the drop-down menu
  - ✓ Override type will be "Admin Too Early" or "Admin Too Late"
9. Click "**Override**"
10. Review med information & annotate as needed
11. Click "**Confirm**"

### Modify a Medication Administration

\* Remember, you can only modify your own charting



1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click on the med administration that you need to modify
6. Click on the field that you want to modify
7. Chart the correct information in the charting field
8. Under "**Admin Note**," type "**mistaken entry**"
9. Click "**Save**"

### Add Viaflex Stop Time



#### Add viaflex stop time for med hung by you/current shift

1. Login to Care Organizer
2. Scan the patient's wristband (if at the bedside) or manually select (if at the nursing station)
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click on the med administration that you need to modify
6. Under "**Admin Note**," type "**STOP TIME (insert time here)**"
7. Click "**Save**"

#### Add viaflex stop time for med hung by another nurse/prior shift

1. Login to Care Organizer
2. Scan the patient's wristband (if at the bedside) or manually select (if at the nursing station)
3. Click "**HED**" button
4. Click "**Meds**" tab
5. Click on the med administration that you need to modify
6. Click on the "**Click to Cosign**" field
  - ✓ The time that you cosign is now the viaflex stop time
7. Click "**Save**"



### Hang Scheduled 24-hr Infusion with a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Scan the IVF barcode
6. Review the infusion rate and modify if necessary
7. Select IV site from "**Site**" drop-down menu
8. Click "**Save**"
9. Click "**Exit**"



### Hang Scheduled 24-hr Infusion without a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Click "**New IV...**" button on top left of screen
6. Select the appropriate IVF, as listed under "**Available Ordered Bottles**"
7. Click "**OK**"
8. Review infusion rate & modify if necessary
9. Select IV site from "**Site**" drop-down menu
10. Click "**Save**"
11. Click "**Exit**"



**Add 24-hr Infusion (Stat, Verbal Order, etc) with a Barcode**

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Scan the IVF barcode
6. Type in the infusion rate
7. Select IV site from "**Site**" drop-down menu
8. Click "**Save**"
9. Click "**Exit**"



**Add 24-hr Infusion (Stat, Verbal Order, etc) without a Barcode**

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Click "**New IV...**" button on top left of screen
6. Click "OK" in the warning box
7. Scroll down and select the appropriate IV med listed under "**Stock Bottles**"
8. Click "**OK**"
9. Type in the infusion rate
10. Select IV site from "**Site**" drop-down menu
11. Click "**Save**"
12. Click "**Exit**"



### Hang Scheduled 24-hr Weight-Based Infusion with a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Scan the IV med barcode
6. Review the patient's weight and add if missing
  - ✓ The patient's weight will populate from the weight documented in the Care Manager flowsheet
7. Verify default dose units are correct (mcg/kg/min, etc)
8. Type in the dose
  - ✓ The infusion rate will automatically calculate when the dose rate is entered or vice versa
9. Select IV site from "**Site**" drop-down menu
10. Click "**Save**"
11. Click "**Exit**"



### Hang Scheduled 24-hr Weight-Based Infusion without a Barcode

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Click "**New IV...**" button on top left of screen
6. Select the appropriate IV med, as listed under "**Available Ordered Bottles**"
7. Click "**OK**"
8. Review the patient's weight and type in if missing
  - ✓ The patient's weight will populate from the weight documented in the Care Manager flowsheet
9. Verify default dose units are correct (mcg/kg/min, etc)



continued →

10. Type in the dose

✓ The infusion rate will automatically calculate when the dose rate is entered or vice versa

11. Select IV site from “**Site**” drop-down menu

12. Click “**Save**”

13. Click “**Exit**”



**Add 24-hr Weight-Based Infusion (Stat, Verbal Order, etc) with a Barcode**

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Scan the IV med barcode
6. Review the patient's weight and add if missing
  - ✓ The patient's weight will populate from the weight documented in the Care Manager flowsheet
7. Verify default dose units are correct (mcg/kg/min, etc)
8. Type in the dose
  - ✓ The infusion rate will automatically calculate when the dose rate is entered or vice versa
9. Select IV site from "**Site**" drop-down menu
10. Click "**Save**"
11. Click "**Exit**"





**Add 24-hr Weight-Based Infusion (Stat, Verbal Order, etc) without a Barcode**

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Click "**New IV...**" button on top left of screen
6. Click "OK" in the warning box
7. Scroll down and select the appropriate IV med listed under "**Stock Bottles**"
8. Click "**OK**"
9. Review the patient's weight and add if missing
  - ✓ The patient's weight will populate from the weight documented in the Care Manager flowsheet
10. Verify default dose units are correct (mcg/kg/min, etc)



continued →

11. Type in the dose
  - ✓ The infusion rate will automatically calculate when the dose rate is entered or vice versa
12. Select IV site from “**Site**” drop-down menu
13. Click “**Save**”
14. Click “**Exit**”



### End Infusion Bag & Hang New Infusion Bag (Stop Time)

1. Login to Care Organizer
2. Scan the patient's wristband
3. Click "**HED**" button
4. Click "**IV Admin**" tab
5. Click on & select the IVF that is currently hanging
6. Click the "**End b**" checkbox
  - ✓ This assigns a stop time to the current bag
7. Click "**Save**" in the right upper corner
8. Scan the new IVF bag
9. Review infusion rate and modify if necessary
10. Select IV site from "**Site**" drop-down menu
11. Click "**Save**" in the right upper corner
12. Click "**Exit**"



### **Directions to Print MAR**

\* MAR will be printed prior to surgery/procedure & transfer to different unit or facility

1. Login to Care Organizer
  2. Select patient by clicking "**Patient**" button
  3. Click on "**Report**" drop-down menu
  4. Scroll to and highlight "**Admin Rx Report**"
  5. Select "**Medication Administration Report**"
  6. Click on "**Send**"
  7. Press "**Enter**" key
- ✓ You do not save this as a permanent chart document

### **Directions to Print IV MAR**

\* MAR will be printed prior to surgery/procedure & transfer to different unit or facility

1. Login to Care Organizer
  2. Select patient by clicking "**Patient**" button
  3. Click on "**Report**" drop-down menu
  4. Scroll to and highlight "**Admin Rx Report**"
  5. Select "**IV Administration Report**"
  6. Click on "**Send**"
  7. Press "**Enter**" key
- ✓ You do not save this as a permanent chart document

**Appendix 1 – IV Site Abbreviations**

<b>R1</b> – right hand	<b>L FT</b> – left foot
<b>L1</b> – left hand	<b>R LL</b> – right lower leg
<b>R2</b> – right wrist/forearm	<b>L LL</b> – left lower leg
<b>L2</b> – left wrist/forearm	<b>RANK</b> – right ankle
<b>R3</b> – right antecubital	<b>LANK</b> – left ankle
<b>L3</b> – left antecubital	<b>SCLP</b> – scalp
<b>R4</b> – right upper arm	<b>1 RH</b> – right hand (RICN)
<b>L4</b> – left upper arm	<b>1 LH</b> – left hand (RICN)
<b>REJ</b> – right external jugular	<b>2 RW</b> – right wrist (RICN)
<b>LEJ</b> – left external jugular	<b>2 LW</b> – left wrist (RICN)
<b>RCVC</b> – right central venous catheter	<b>RAF</b> – right antecubital fossa (RICN)
<b>LCVC</b> – left central venous catheter	<b>LAF</b> – left antecubital fossa (RICN)
<b>R FT</b> – right foot	<b>RIUF</b> – right inner upper forearm (RICN)

**Appendix 1 – IV Site Abbreviations (continued)**

<b>ROAF</b> – right outer aspect forearm (RICN)	<b>LIUF</b> – left inner upper forearm (RICN)
<b>LOAF</b> – left outer aspect forearm (RICN)	<b>R TH</b> – right thigh (RICN)
<b>RIAF</b> – right inner aspect forearm (RICN)	<b>L TH</b> – left thigh (RICN)
<b>LIAF</b> – left inner aspect forearm (RICN)	

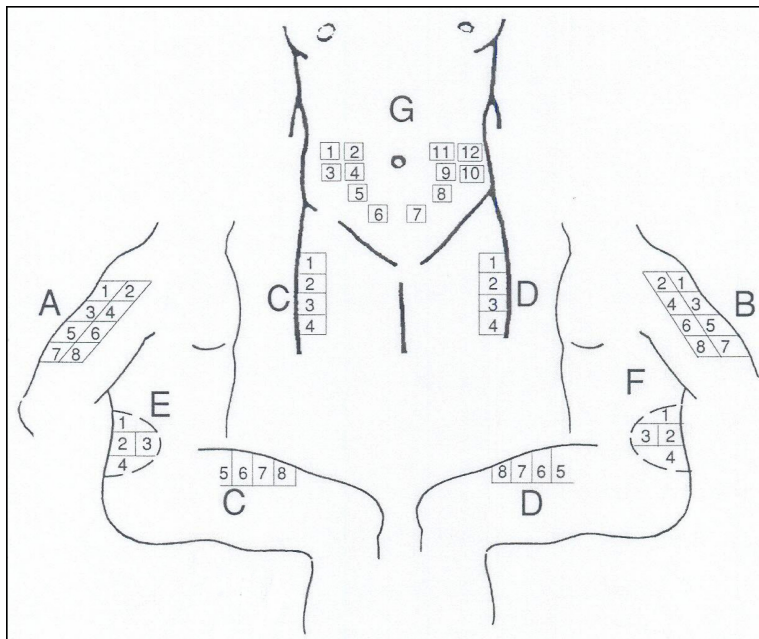
### **Appendix 2 – Injection Site Abbreviations**

<b>RD</b> – right deltoid ( <b>IM</b> )	<b>SQLA</b> – left arm ( <b>SQ</b> )	<b>SQA7</b> – A7 (SQ insulin)
<b>LD</b> – left deltoid ( <b>IM</b> )	<b>SRUQ</b> – RUQ ( <b>SQ</b> )	<b>SQA8</b> – A8 (SQ insulin)
<b>RLT</b> – right lateral thigh ( <b>IM</b> )	<b>SRLQ</b> – RLQ ( <b>SQ</b> )	<b>SQB1</b> – B1 (SQ insulin)
<b>LLT</b> – left lateral thigh ( <b>IM</b> )	<b>SLUQ</b> – LUQ ( <b>SQ</b> )	<b>SQB2</b> – B2 (SQ insulin)
<b>RDG</b> – right dorsogluteal ( <b>IM</b> )	<b>SLLQ</b> – LLQ ( <b>SQ</b> )	<b>SQB3</b> – B3 (SQ insulin)
<b>LDG</b> – left dorsogluteal ( <b>IM</b> )	<b>SRIC</b> – right iliac crest ( <b>SQ</b> )	<b>SQB4</b> – B4 (SQ insulin)
<b>RVG</b> – right ventrogluteal ( <b>IM</b> )	<b>SLIC</b> – left iliac crest ( <b>SQ</b> )	<b>SQB5</b> – B5 (SQ insulin)
<b>LVG</b> – left ventrogluteal ( <b>IM</b> )	<b>SQA1</b> – A1 (SQ insulin)	<b>SQB6</b> – B6 (SQ insulin)
<b>RAT</b> – right anterior thigh ( <b>IM</b> )	<b>SQA2</b> – A2 (SQ insulin)	<b>SQB7</b> – B7 (SQ insulin)
<b>LAT</b> – left anterior thigh ( <b>IM</b> )	<b>SQA3</b> – A3 (SQ insulin)	<b>SQB8</b> – B8 (SQ insulin)
<b>SQRL</b> – right leg ( <b>SQ</b> )	<b>SQA4</b> – A4 (SQ insulin)	<b>SQC1</b> – C1 (SQ insulin)
<b>SQLL</b> – left leg ( <b>SQ</b> )	<b>SQA5</b> – A5 (SQ insulin)	<b>SQC2</b> – C2 (SQ insulin)
<b>SQRA</b> – right arm ( <b>SQ</b> )	<b>SQA6</b> – A6 (SQ insulin)	<b>SQC3</b> – C3 (SQ insulin)

### **Appendix 2 – Injection Site Abbreviations (continued)**

<b>SQC4</b> – C4 (SQ insulin)	<b>SQD7</b> – D7 (SQ insulin)	<b>SQG2</b> – G2 (SQ insulin)
<b>SQC5</b> – C5 (SQ insulin)	<b>SQD8</b> – D8 (SQ insulin)	<b>SQG3</b> – G3 (SQ insulin)
<b>SQC6</b> – C6 (SQ insulin)	<b>SQE1</b> – E1 (SQ insulin)	<b>SQG4</b> – G4 (SQ insulin)
<b>SQC7</b> – C7 (SQ insulin)	<b>SQE2</b> – E2 (SQ insulin)	<b>SQG5</b> – G5 (SQ insulin)
<b>SQC8</b> – C8 (SQ insulin)	<b>SQE3</b> – E3 (SQ insulin)	<b>SQG6</b> – G6 (SQ insulin)
<b>SQD1</b> – D1 (SQ insulin)	<b>SQE4</b> – E4 (SQ insulin)	<b>SQG7</b> – G7 (SQ insulin)
<b>SQD2</b> – D2 (SQ insulin)	<b>SQF1</b> – F1 (SQ insulin)	<b>SQG8</b> – G8 (SQ insulin)
<b>SQD3</b> – D3 (SQ insulin)	<b>SQF2</b> – F2 (SQ insulin)	<b>SQG9</b> – G9 (SQ insulin)
<b>SQD4</b> – D4 (SQ insulin)	<b>SQF3</b> – F3 (SQ insulin)	<b>SQG10</b> – G10 (SQ insulin)
<b>SQD5</b> – D5 (SQ insulin)	<b>SQF4</b> – F4 (SQ insulin)	<b>SQG11</b> – G11 (SQ insulin)
<b>SQD6</b> – D6 (SQ insulin)	<b>SQG1</b> – G1 (SQ insulin)	<b>SQG12</b> – G12 (SQ insulin)

### Appendix 3 – SQ Insulin Injection Map





## ***Appendix C – Care Organizer Training Manual for Admin-Rx***

Care Organizer

Training Manual

For

Documentation  
Admin Rx

## **OBJECTIVES:**

- To have a basic understanding of the Care Organizer functionality
- To initiate thinking of how Care Organizer can assist you with your daily workload
- To have a basic understanding of the Medication Administration screen.
- To have a basic understanding of the IV administration screen
- To be able to manually print the medication administration report and IV administration report.

Care organizer is a tool to help clinicians to organize and plan their work day. It provides a central location where tasks and to do items can be viewed. Care Organizer will be the default screen for nursing staff. Care Organizer will be utilized to:

- Confirm orders - all unverified orders remain bold and highlighted in yellow until they are confirmed. Stat orders appear bold and in red
- Perform 24 hour chart checks, comparing the electronic worklist to the actual written order.
- Clinical documentation
- Review, document, confirm and complete medications, IV's and orders.

# Care Organizer:

If you are a current user of Care Manager, you will sign on to Care Organizer using the same login and password. Care Organizer will automatically open when the user logs on to PC view.

The Care Organizer screen looks different but allows you to continue to utilize the system with some new functionality.

## Patient information window (worklist)

MSK Care Organizer

File View File Report Chart Review Profile Orders Help

This Pat Chart Complete Assigned Patient HED Transcription Clinical History Allergies Med Hx Orders Exit

☒ Overdues (0) ☐ Changes (0)  
☐ To Do (0) ☐ Active (0)

From: 06/30/11 02:00 To: 07/01/11 03:00 Refresh Details

Patient Name	Scheduled	Group	Status	Ordered Item	Dose/Duration	Route	Pty Freq (Rate)	Order #s	Comm
No Overdues Found									

Sort Schedules: ☐ by Time ☐ by Group ☒ by Pt, Time ☐ By Pt, Group ☒ Show Worklist

ONCALL, RN 06/30/11 14:52 0 Assigned 2 Census Patients -- 0 Meds found

Start | Inbox - Microsoft Outlook | Training Manual.docx - M... | MSK: McKesson PCView for Wi... | MSK: Care Organizer | 2:53 PM

## Patient list (census)

**Menu Bar: Functions you will use under the choices in the menu bar**

**FILE:** You are able to set documentation time, drop you into patient select, look for encounter and to sign off PCM and exit.

**VIEW -** You are able to refresh the screen, view the detail of a selected order, complete (for some departments), confirm/unconfirm will proceed you through all of the unconfirmed orders, this patient will toggle you from this patient to all patients, and the last 3, Medication, IV's and Orders are to be checked to view them on the Patient information window.

**FILE -** to select past encounters.

**Report -** Used to select reports to print, like we are currently printing. Two new reports have been added under Admin RX.

**Chart, Review, Profile, Orders, Utilities, and Help** functionality remain the same.

**Buttons you will use in Care organizer:**

**'This patient' –** toggles to 'all patients' to view in the Patient information window.

**Complete –** used to complete orders

**Patient –** will put you into the patient select screen.

**Lab, Rad, Transcription, Clinical History, Allergies, Med Hx, and Orders** have no change in functionality.

**HED button** will take you to the HED documentation screen.

**The next block of radio buttons will give you options to view overdue, and to do items with (0) showing the number of items in the patient information window for all patients or this patient.**

**The next 2 radio buttons, Changes and Active with (0) showing the number will let you choose the next radio buttons for ‘this shift’ or ‘time range’. When time range is selected the from/to blocks will be available for dates and times. This function will give you the flexibility to look at changes and active items for different ranges of time.**

**The last 2 buttons: Refresh, will refresh your screen with any updates that have occurred. Detail/Confirm, the button will be confirm if there are orders that need confirmed, or Detail to let you view the detail of previously confirmed orders.**

After you have selected the patient that you want to document on by highlighting, then click on the HED button, or click HED and select the patient from the dropdown.

**MSK Care Organizer - IS 0400-1 - CAMSOM, RADIOLOGY - (Unknown)** Allergy

File View File Patient Report Chart Review Profile Orders Utilities Help

All Pats Chart Complete Assigned NOW Patient Lab Rad **HED** Transcription Clinical History Allergies Med Hx Orders Exit

☐ Overdues (0) 
 ☒ Changes (0) 
 ☐ Current shift 
 From: 08/23/11 22:18 To: 08/24/11 10:24 
 ☐ To Do (0) 
 ☒ Active (56) 
 ☐ Time range 
 Refresh Details

Patient Name	Effective	Group	Status	Ordered Item	Dose/Duration	Route	Prt Freq (Rate)	Order #s	Com
No Changes Found For CAMSOM, RADIOLOGY									

Patient Name	Patient Location	Facility	Care Team	MD Team	Account #	MRN	Admit D

KREINBROOK, SHARON | 08/24/11 09:55 | 2 Census Patients -- 0 Meds found, 0 IVs found, 0 Orders found

Start | Inbox - Microsoft Outlook | CareOrganizer | Training Manual.docx - ... | MSK McKesson PCView for WI... | MSK Care Organizer - IS 0... | 10:40 AM

**You will then be in the HED documentation screen. Document on your patient as usual. Remember that Lab results, Radiology results, Vascular lab and Transcription tabs are available from this screen.**

Logged in User: SHARON KREINBROOK RN [true [MEDSGHED]]

File Flowsheets Review - legacy Orders Utilities Help

Patient: WONDERFUL, SUE M Allergy Refresh

Age: 8 yr Gender: F Attending: AHLSTROM, BRIAN Fac-Dept: MMC-IS DOB: 01/01/2003 Acct: 0123

Diagnosis: Service: MED Rm/Bed: 0400-1 Admit Dt: 02/04/2003 MRN: 304

Wound/Ostomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED Pre-op Checklist - HED

NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascore HED Hospitalist Coordinator

DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab Transcription

Vital signs Pain Tab Meds IV Admin Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED M/S ASSESSMENT - HED

Show All Expand All Collapse All

Pt Problem More Results 04/08/2010 10:15 09/18/2010 05:57 09/18/2010 06:06 11/12/2010 10:49 11/12/2010 10:57

Isolation Pt Problem Chart

Pt problem Pt problem cont 1 Pt problem cont 2 Pt problem cont 3

Isolation Chemo/Radiation Falls Risk Asmnt Fall Event Sepsis Neurological Respiratory Cardiovascular Gastrointestinal Renal/Urinary Musculoskeletal Gen Skin Assmt Skin Alterations Incisions IVs/Lines/Bloc Mech Vent Pts Reproductive Psychosocial Med Rstrnt-St Med Rstrnt q8

04/08/2010 10:15 09/18/2010 05:57 09/18/2010 06:06 11/12/2010 10:49 11/12/2010 10:57

Start Inbox - Micro... CareOrganizer Training Manua... Care Organizer... McKesson PCVi... McK Care Organizer... Logged in Us... 8:53 AM

**Complete all documentation using the appropriate tabs. Modify and inactivate as needed following current policy. There are no changes to the documentation process after accessing the HED screen.**



**You are able to search for a patient as always in care manager under the patient button, by view, patient status, facility or department. To select a patient, click on the patient then OK or double click the patient.**

The screenshot shows the 'Patient Select' window with the following search filters: View: By Search (Active), Status: All Auth, Facility: MMC, and Dept: IS. The table below lists the patient data displayed in the window.

Opt O	Name	Dept	Room	Bed	Facility	Attending MD
	MSOM, RADIOLOGY	IS	0400	1	MMC	ABRAHAMS, JONATHAN I
	TESTING, ALERTS R	IS	0400	2	MMC	FIKRI, ERDEN
	APPLE, ANDY A	IS			MMC	SOI, SUNIL K
	APPLE, BILLIE A	IS			MMC	SOI, SUNIL K
	APPLE, CANDY A	IS			MMC	SOI, SUNIL K
	APPLE, DONNA A	IS			MMC	SOI, SUNIL K
	APPLE, ED A	IS			MMC	SOI, SUNIL K
	APPLE, FRED A	IS			MMC	SOI, SUNIL K
	APPLE, GAGA L	IS			MMC	SOI, SUNIL K
	APPLE, HARRY A	IS			MMC	SOI, SUNIL K
	APPLE, IAN A	IS			MMC	SOI, SUNIL K
	APPLE, JACK A	IS			MMC	SOI, SUNIL K
	APPLE, KENNY A	IS			MMC	SOI, SUNIL K
	APPLE, LENNY A	IS			MMC	SOI, SUNIL K
	APPLE, MAX A	IS			MMC	SOI, SUNIL K
	APPLE, NED A	IS			MMC	SOI, SUNIL K
	APPLE, OLLIE A	IS			MMC	SOI, SUNIL K
	APPLE, PRINCE A	IS			MMC	SOI, SUNIL K
	APPLE, QUINN A	IS			MMC	SOI, SUNIL K
	APPLE, RANDY A	IS			MMC	SOI, SUNIL K
	APPLE, SAM A	IS			MMC	SOI, SUNIL K
	APPLE, TIM A	IS			MMC	SOI, SUNIL K
	APPLE, TONY A	IS			MMC	SOI, SUNIL K
	APPLE, VINNIE A	IS			MMC	SOI, SUNIL K
	APPLE, WAYNE A	IS			MMC	SOI, SUNIL K
	BANANA, YELLOW	IS			MMC	MCKENDREE, JAMES
	BLACK, BETTY	IS			MMC	
	BLACK, JOE	IS			MMC	FIKRI, ERDEN
	CHRIS'S, TEST	IS			MMC	FIKRI, ERDEN
	CLIN, HX	IS			MMC	FIKRI, ERDEN
	CLINICAL, PROFILE	IS			MMC	FIKRI, ERDEN
	EMERGENCY, ROOM 1	IS			MMC	FIKRI, ERDEN

Buttons at the bottom: OK, Cancel, Clear, Find, Detail, Encounters.

# ADMINISTER MEDICATION UTILIZING CARE ORGANIZER:

The preferred method of patient selection for medication administration is to scan the patient's bar coded wristband. However you may still manually select the patient if needed. The selected or scanned patient will appear in the patient information window.

The user may choose available information from the display options. Choices are overdue, to do, changes and active. Click the refresh button to check for medication additions that have been made by the pharmacy.

**Care Organizer - A1 1001-1 - TEST, ADMINRX3 - (Unknown)**

File View File Patient Report Chart Review Profile Orders Utilities Help

All Pats Chart Complete Assigned NOW Patient Lab Rad HED Transcription Clinical History Allergies Med Hx Orders Exit

Overdue (0) Changes (0) To Do (15) Active (23)

From: 08/09/11 00:00 To: 08/10/11 01:00 Refresh Details

Patient Name	Effective	Group	Status	Ordered Item	Dose/Duration	Route	Pity Freq (Rate)	Order #s	Cc
TEST, ADMINRX3 (A1 1001-1)	08/02 13:20	CT	Active	CT IMAGING: I qankle	1 Occurrence		ROUTINE ONCE	1 (W)	
	08/03 21:00	MEDS	Active	ASCORBIC ACID (VITAMIN C)	500 MG=1 TAB	ORAL	RTN BID	3274705	
	08/03 16:00	MEDS	Active	ASPIRIN	325 MG=1 TBEC	ORAL	RTN DAILY	3274754	***
	08/03 21:00	MEDS	Active	FAMOTIDINE (PEPCID)	20 MG=2 ML SOLN	IV	RTN BID	3274750	DI
			Active	HEPARIN SODIUM (PORCINE) (HEPARIN)	5000 UNIT=1 ML SOLN	SUBCUT	RTN BID	3274749	
	08/03 14:00	MEDS	Active	ZINC SULFATE	220 MG=1 CAP	ORAL	RTN DAILY	3274706	
	08/03 16:00	MEDS	Active	ACETAMINOPHEN SUPP (ACEPHEN)	650 MG=1 SUPP	RECTAL	PRN Q4HP	3274746	***
			Active	ACETAMINOPHEN TAB (TYLENOL)	650 MG=(2 x 325 MG TAB)	ORAL	PRN Q4HP	3274745	AD
			Active	BISACODYL SUPP (BISAC-EVAC)	10 MG=1 SUPP	RECTAL	PRN QDP	3274752	***
			Active	DILTIAZEM HCL	20 MG=4 ML SOLN	IV	PRN PRN	3274738	IV
08/03 14:00	MEDS	Active	FENTANYL CITRATE (PF)	50 MCG=1 ML SOLN	IV	PRN Q2HP	3274708	FC	
08/03 16:00	MEDS	Active	MAGNESIUM HYDROXIDE (MILK OF MAG)	30 ML=30 ML SUSP	ORAL	PRN QDP	3274753	***	
		Active	MAGNESIUM SULFATE 4GM PB	50 ML=50 ML PGBK	IV	PRN PRN	3274737	***	

Patient Name Patient Location Facility Care Team MD Team Account # MRN Admit D

KREINBROOK, SHARON 08/09/11 12:24 2 Census Patients -- 22 Meds found, 0 IVs found, 1 Orders found

Start Inbox - Microsoft Outlook CareOrganizer Training Manual.docx - ... McKesson PCView for Wi... Care Organizer - A1 1... 12:28 PM

Physician orders are sent to the pharmacy and the pharmacy enters them into HMM to show in care organizer. Orders that are bolded and yellow must be confirmed. All medication orders must be confirmed against the written order.

To confirm an order, highlight the med and click on the confirm button. Or to confirm more than one click on view, then confirm/unconfirm. Then you will be directed to confirm all unconfirmed orders one at a time. All meds should be confirmed prior to administration. You may need to give a medication that has not been entered by the pharmacy as in stat or extra dose med, however you must enter an override reason when warned that there is no order for the med.

McKesson Care Organizer - A1 1001-1 - TEST, ADMINRX3 - (Unknown)

Account #: 1600284 MRN: 000160137  
 DOB: 07/03/1956 Admit: 08/02/11 11:06

**ACETAMINOPHEN TAB (TYLENOL) 650 MG=(2 x 325 MG TAB)**  
 ORAL PRN Q4HP  
 (ACETAMINOPHEN, MAPAP (ACETAMINOPHEN), Q-PAP,  
 Ingredients:  
 Comments:  
 ADULT MAXIMUM ACETAMINOPHEN DOSE PER 24 HOURS = 4 GRAMS, PO/PR FOR TEMP>38.5C (101F),  
 \*\*\*NOTE\*\*\*, MULTIPLE PRN ORDERS FOR SAME MED

Start Date/Time: 08/03 16:00 End Date/Time:  
 Ordered By: AARONS, JEROME H Q Status: Active  
 Order Number: 23 Placer Number: RX3274745 RX  
 Pharmacy Verified: Y on 08/03/11 1509  
 Entered By: GRITZER, THERESA M (PH) on 08/03/11 1509  
 Last Modified Date/Time: 08/03/11 1509

Confirmed By: (Not confirmed)

☐ Confirm ☐ Not Confirm ☐ Send Rx Message Only ☒ No action

OK Cancel

Lab	Rad	HED	Transcription	Clinical History	Allergies	Med Hx	Orders	Exit
To: 08/10/11 02:00 Refresh Confirm								
Order Item	Dose/Duration	Route	Prtly Freq (Rate)	Order #s	Co			
IMAGING: I qankle	1 Occurrence		ROUTINE ONCE	1 (W)				
CORBIC ACID (VITAMIN C)	500 MG=1 TAB	ORAL	RTN BID	3274705				
PIRIN	325 MG=1 TBEC	ORAL	RTN DAILY	3274754	***			
MOTIDINE (PEPCID)	20 MG=2 ML SOLN	IV	RTN BID	3274750	DI			
PARIN SODIUM (PORCINE) (HEPARIN)	5000 UNIT=1 ML SOLN	SUBCUT	RTN BID	3274749				
C SULFATE	220 MG=1 CAP	ORAL	RTN DAILY	3274706				
ACETAMINOPHEN SUPP (ACEPHEN)	650 MG=1 SUPP	RECTAL	PRN Q4HP	3274746	***			
ACETAMINOPHEN TAB (TYLENOL)	650 MG=(2 x 325 MG TAB)	ORAL	PRN Q4HP	3274745	AC			
ACODYL SUPP (BISAC-EVAC)	10 MG=1 SUPP	RECTAL	PRN QDP	3274752	***			
TIAZEM HCL	20 MG=4 ML SOLN	IV	PRN PRN	3274738	IV			
NTANYL CITRATE (PF)	50 MCG=1 ML SOLN	IV	PRN Q2HP	3274708	FO			
MAGNESIUM HYDROXIDE (MILK OF MAG)	30 ML=30 ML SUSP	ORAL	PRN QDP	3274753	***			
MAGNESIUM SULFATE 4GM PB	50 ML=50 ML PGBK	IV	PRN PRN	3274737	***			

Care Team	MD Team	Account #	MRN	Admit D

KREINBROOK, SHARON 08/09/11 13:16 2 Census Patients -- 22 Meds found, 0 IVs found, 1 Orders found

Start | Inbox - Microsoft Outlook | Training Manual.docx - M... | McKesson PCView for Wi... | McKesson Care Organizer - A1 1... | 1:35 PM

Confirm window.

The confirm window will show you the detail of the medication order including start / stop times ordered by, order number, who in the pharmacy verified the order, entered by and last modified by. Your choices are: confirm, not confirm, send RX message only, and no action. Choose the appropriate action.

DO NOT use the send RX message function. The message will be attached to the patient only and not be printed or seen in the pharmacy unless that patient is accessed by the pharmacy. If you need to contact the pharmacy regarding a medication, do so using the current practice.

This patient has had meds confirmed because they are not bold or highlighted in yellow.

McK Care Organizer - A1 1001-2 - TEST, ADMINRX4 - (Unknown)

File View File Patient Report Chart Review Profile Orders Utilities Help

All Pats Chart Complete Assigned NOW Patient Lab Rad HED Transcription Clinical History Allergies Med Hx Orders Exit

Overdues (0) Changes (0) Current shift From: 08/11/11 To: 08/12/11  
To Do (0) Active (4) Time range Refresh Details

Patient Name	Effective	Group	Status	Ordered Item	Dose/Duration	Route	Prty Freq (Rate)	Order #s	Comm
TEST, ADMINRX4 (A1 1001-2)	08/03 14:00	MEDS	Active	DIGOXIN (LANOXIN)	125 MCG=1 TAB	ORAL	RTN DIG	3274712	
	08/03 21:00	MEDS	Active	FAMOTIDINE (PEPCID)	20 MG=1 TAB	ORAL	RTN BID	3274715	
	08/03 14:00	MEDS	Active	FUROSEMIDE	20 MG=2 ML VIAL	IV	RTN DAILY	3274713	
			Active	NICOTINE 14 MG/24 HR (NICOTINE)	14 MG=1 PATCH PT24	TOPL	RTN DAILY	3274714	**TOP

Patient Name	Patient Location	Facility	Care Team	MD Team	Account #	MRN	Admit D

KREINBROOK, SHARON 08/11/11 12:24 2 Census Patients -- 4 Meds found, 0 IVs found, 0 Orders found

Start | Inbox - Microsoft Outlook | Training Manual.docx - M... | McK McKesson PCView for Wi... | McK Care Organizer - A1 1... 12:25 PM

To administer medication, click on the HED tab, then scan the patient's arm band, Remember, when utilizing the active radio button in the display options of Care organizer, the shift parameters become available for use to define the view for medications and IV solutions. All bright yellow areas in Care Organizer in the HED screens signify that an action needs to be performed. All yellowed areas must be resolved for safe medication administration.



Then click on the MEDS tab.

Logged in User: SHARON KREINBROOK RN [true] [D/FAULT]

File Report menu Elowsheets Review - legacy Orders Utilities Help

Patient: TEST, ADMINRX4 NKA Refresh DAS Vitals

Age: 24 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC-A1 DOB: 08/07/1987 Acct: 1600285  
 Diagnosis: Service: MED Rm-Bed: 1001-2 Admit Dt: 08/02/2011 MRN: 000160138

M/S ASSESSMENT - HED DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab  
 Transcription Wound/Dstomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED  
 Pre-op Checklist - HED NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascor HED Hospitalist Coordinator  
 Vital signs Pain Tab Meds IV Admin Testmeds TestVadm Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED

Show All Expand All Collapse All Add Selection 08/11/2011 12:33

Vital Signs More Results

Pulse Oximetry  
 Bld Gluc Monitor  
 Bladder Scan  
 Meals

Vital Signs Add Show All

Temp #1  
 PULSE #1  
 Monitor high/low  
 Respirations  
 Monitor hi/apnea  
 BP #1  
 NIBP  
 NIBP Mean  
 BP monitor hi/lo  
 Arterial sys/dias  
 Arterial mean  
 Artl mean hi/low  
 CVP  
 SVO2  
 ICP  
 CPP

C bpm mmHg mmHg mmHg mmHg mmHg % mmHg mmHg

Save Cancel

Start Inbox - Microsoft Outlook Training Manual.docx - M... McKesson PCView for Wi... Care Organizer - A1 100... Logged in User: SHAR... 12:33 PM

Logged in User: SHARON KREINBROOK RN [true] [ADMIX]

File Report menu Elowsheets Review - legacy Orders Utilities Help

Patient: TEST, ADMINRX4 NKA Refresh DAS Vitals

Age: 24 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC-A1 DOB: 08/07/1987 Acct: 1600285  
 Diagnosis: Service: MED Rm-Bed: 1001-2 Admit Dt: 08/02/2011 MRN: 000160138

M/S ASSESSMENT - HED DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab  
 Transcription Wound/Dstomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED  
 Pre-op Checklist - HED NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascor HED Hospitalist Coordinator  
 Vital signs Pain Tab Meds IV Admin Testmeds TestVadm Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED

Show All Expand All Collapse All

ALL MEDS More Results

ALL MEDS Admin Review Med Ord

DIGOXIN 125 MCG  
 FAMOTIDINE 20 MG  
 FUROSEMIDE 20 MG IV  
 NICOTINE 14MG/D 14 MG TOPL

08/03/2011 13:53 08/03/2011 13:54

08/03/2011 13:53 08/03/2011 13:54

Start Inbox - Microsoft Outlook Training Manual.docx - M... McKesson PCView for Wi... Care Organizer - A1 100... Logged in User: SHAR... 12:36 PM

The meds tab will allow you review all the medication that has been given to the patient. Medication is viewed in columns by date and time.

Click on the Review Med Ord button (or Review med ord)

Review med order will open a box showing all meds ordered for the patient, entered by the pharmacy grouped by Active routine, Active PRN, D/C Routine, and D/C PRN followed by the number of drugs,

TEST, ADMINRX3		All Med Orders				
Med Orders	Drug	Dose	Route	Frequency	Start date	End date
Active Routine	<b>Active Routine</b>					
Active PRN(15)	ASCORBIC ACID (VITAMIN C)	500 MG/1 TAB	ORAL	BID	08/03 21:00	
D/C Routine(7)	Order #4 (3274705)					
D/C PRN(7)	ZINC SULFATE	220 MG/1 CAP	ORAL	DAILY	08/03 14:00	
	Order #5 (3274706)					
	HYDROCHLOROTHIAZIDE	12.5 MG/1 CAP	ORAL	DAILY	08/03 15:00	
	Order #13 (3274729)	(Simultaneous) ANGIOTENSIN RECEPTOR BLOCKER GIVE 80MG VALSARTAN + 12.5MG HCT FOR DIOVAN HCT 80/12.5MG				
	VALSARTAN (DIOVAN)	80 MG/1 TAB	ORAL	DAILY	08/03 15:00	
	Order #12 (3274729)	(Simultaneous) ANGIOTENSIN RECEPTOR BLOCKER GIVE 80MG VALSARTAN + 12.5MG HCT FOR DIOVAN HCT 80/12.5MG				
	HEPARIN (SODIUM (PORCINE)) (HEPARIN (PO...)	5,000 UNIT/1 ML	SUBCUT	BID	08/03 21:00	
	Order #27 (3274749)					
	FAMOTIDINE (PEPCID)	20 MG/2 ML	IV	BID	08/03 21:00	
	Order #28 (3274750)	DILUTE TO 10 ML W/NS - PUSH OVER 2 MIN				
	ASPIRIN	325 MG/1 TBEC	ORAL	DAILY	08/03 16:00	
	Order #32 (3274754)	***DO NOT CRUSH OR CHEW*** -SWALLOW WHOLE				
	<b>Active PRN</b>					
	PROMETHAZINE	12.5 MG/0.5 ML	IV	Q4HP	08/03 14:00	
	Order #3 (3274704)	DILUTE WITH 10ML NS INFUSE OVER 10 MINUTES				
	FENTANYL CITRATE (PF)	50 MCG/1 ML	IV	Q2HP	08/03 14:00	
	Order #7 (3274708)	FOR MODERATE PAIN, PAIN SCORE 3-6				
	POTASSIUM CHLORIDE	20 MEQ/100 ML	IV	PRN	08/03 16:00	
	Order #14 (3274736)	****CENTRAL LINE ONLY**** TOTAL VOLUME = 100ML/BAG POTASSIUM REPLACEMENT PROTOCOL: RUN X 2 FOR K+<3.8 RECH...				
	MAGNESIUM SULFATE 4GM PB	50 ML	IV	PRN	08/03 16:00	
	Order #15 (3274737)	****VIA CENTRAL LINE**** MAGNESIUM REPLACEMENT PROTOCOL: FOR MAGNESIUM < 1.6MG/DL RECHECK MAGNESIUM LE...				
	DILTIAZEM HCL	20 MG/4 ML	IV	PRN	08/03 16:00	
	Order #16 (3274738)	IV ADMIN REQUIRES CARDIAC MONITOR ATRIAL FIB PROTOCOL: DO NOT INITIATE IF SBP<100 DOSE = 0.25MG/KG OVER 5 MI...				
	MIDAZOLAM	2 MG/2 ML	IV	Q1HP	08/03 16:00	
	Order #22 (3274744)	FOR SEDATION WHILE ON VENT				
	ACETAMINOPHEN TAB (TYLENOL)	650 MG/2 x 325 MG TAB	ORAL	Q4HP	08/03 16:00	
	Order #23 (3274745)	ADULT MAXIMUM ACETAMINOPHEN DOSE PER 24 HOURS = 4 GRAMS PO/PR FOR TEMP>38.5C (101F) ****NOTE**** MULTIPLE P...				
	ACETAMINOPHEN SUPP (ACEPHEN)	650 MG/1 SUPP	RECTAL	Q4HP	08/03 16:00	
	Order #24 (3274746)	****FOR RECTAL USE**** PO OR PR FOR TEMP >38.5C (101F) ****NOTE**** MULTIPLE PRN ORDERS FOR SAME MED				
	OXYCODONE-ACETAMINOPHEN 5-325MG (O...	1 TABLET	ORAL	Q4HP	08/03 16:00	
	Order #25 (3274747)	FOR MILD PAIN - ONCE EXTUBATED				

Some medications listed will be bracketed. Bracketed medications are:

Joined orders – 2 drugs to equal 1 therapy

Simultaneous – 2 drug therapies given together

Chained – gradual increase or decrease in medication, using the word ‘linked’ as well.

Exclusive – two or more therapies where only can be given at indicated admission time. IM, PO, PR will be indicated with the use of ‘or’ in the list.

When finished checking meds, click ok. You will be back at the HED screen.

Click the Admin button.

Logged in User: SHARON KREINBROOK RN | true | ADMRX |

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: TEST, ADMINRX3 NKA Refresh DAS Vitals

Age: 55 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC-A1 DOB: 07/03/1956 Acct: 1600284  
 Diagnosis: Service: MED Rm-Bed: 1001-1 Admit Dt: 08/02/2011 MRN: 000160137

M/S ASSESSMENT - HED DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab  
 Transcription Wound/Ostomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED  
 Pre-op Checklist - HED NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascore HED Hospitalist Coordinator  
 Vital signs Pain Tab Meds IV Admin Testmeds TestIVadm Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED

Show All Expand All Collapse All

ALL MEDS More Results 08/03/2011 14:41 08/03/2011 14:43 08/03/2011 14:46 08/03/2011 14:47 08/04/2011 09:17 08/04/2011 09:18

ALL MEDS Admin Review Med Ord

CEFAZOLIN IN D5W FAMOTIDINE NICOTINE 14MG/D OXYCOD-APAP5-325 ZINC SULFATE	20 MG 14 MG TOPL	20 MG 14 MG TOPL	20 MG 14 MG TOPL	20 MG	1 G IV	Not Given-Pt ref *
---	---------------------	---------------------	---------------------	-------	--------	--------------------

08/03/2011 14:41 08/03/2011 14:43 08/03/2011 14:46 08/03/2011 14:47 08/04/2011 09:17 08/04/2011 09:18

Start Inbox - Microsoft Outlook Training Manual.docx - M... McKesson PCView for Wi... Care Organizer - A1 100... Logged in User: SHAR... 12:52 PM

The medication administration screen will open. The drug and directions will list. Overdue medications will be in red on the top of the screen followed by the due meds



Logged in User: SHARON KREINBROOK RN [true[ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: ADMINRX, SUE NKA Refresh DAS Vitals

Age: 65 yr Gender: F Attending: WILSON, MICHAEL... Fac - Dept: MMC - A7 DOB: 06/06/1946 Acct: 1600595  
 Diagnosis: Service: MED Rm-Bed: 0708-1 Admit Dt: 09/12/2011 MRN: 000160248

DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab Transcription  
 Wound/Stomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED Pre-op Checklist - HED  
 NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascore HED Hospitalist Coordinator  
 Vital signs Pain Tab Meds IV Admin Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED M/S ASSESSMENT - HED

Show All + Expand All - Collapse All Add Selection 09/16/2011 08:02

ALL MEDS Overdue (33) Due (3) ALL MEDS: Overdue (33) Add Med Orders 08:02 (Admin Time)

MICONAZOLE NITRATE... 1 APPLIC POWD TOPL Q6H 09/16 06:00	not given?
TO ABDOMENAL FOLDS	not given?
FLUOCINONIDE 0.05 % (. 1 APPLIC CREA TOPL QAM 09/16 06:00	not given?
**TOPICAL/EXTERNAL USE ONLY** TO RASH	not given?
GENTAMICIN 80MG/ NSS... 80 MG/100 ML IV Q8H 09/16 06:00	not given?
LABETALOL 100 MG/(0.5 x 200 M... ORAL Q8H 09/16 06:00	not given?
BETABLOCKER HOLD SBP<90,HR<55	not given?
<b>Due (3)</b>	
INDOMETHACIN 50 MG/(2 x 25 MG C... ORAL TIDCC 09/16 08:00	not given?
TAKE/GIVE WITH FOOD	not given?
FERROUS SULFATE 325 MG/1 TAB ORAL OH 09/16 08:00	not given?
(Simultaneous) GIVE FERROUS SULFATE 325MG W MAALOX 30ML TO RED...	not given?
ALUM-MAG HYDROXIDE... 30 ML SUSP ORAL OH 09/16 08:00	not given?
(Simultaneous) GIVE FERROUS SULFATE 325MG W MAALOX 30ML TO RED...	not given?

Save Cancel

Start | Inbox - Microsoft ... | CareOrganizer | Training Manual.d... | McKesson PCView ... | McKesson Care Organizer - ... | Logged in User: ... | 8:03 AM

Scan the medication you want to administer.

The yellow visual cue must be resolved to safely administer the medication. The below med is the incorrect amount, you need to administer 2 capsules. Scan the second capsule.

Logged in User: SHARON KREINBROOK RN [true[ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: ADMINRX, SUE NKA Refresh DAS Vitals

Age: 65 yr Gender: F Attending: WILSON, MICHAEL... Fac-Dept: MMC - A7 DOB: 06/06/1946 Acct: 1600595  
 Diagnosis: Service: MED Rm-Bed: 0708-1 Admit Dt: 09/12/2011 MRN: 000160248

DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab Transcription  
 Wound/Stomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED Pre-op Checklist - HED  
 NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascore HED Hospitalist Coordinator  
 Vital signs Pain Tab **Meds** IV Admin Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED M/S ASSESSMENT - HED

Show All + Expand All - Collapse All Add Selection 09/16/2011

ALL MEDS More Results 08:02

Overdue (33) Due (3) ALL MEDS: Overdue (33) Add Med Orders 08:02 (Admin Time)

MICONAZOLE NITRATE... 1 APPLIC POWD TOPL Q6H 09/16 06:00	not given?
TO ABDOMENAL FOLDS	not given?
FLUOCINONIDE 0.05 % (. 1 APPLIC CREA TOPL QAM 09/16 06:00	not given?
**TOPICAL/EXTERNAL USE ONLY** TO RASH	not given?
GENTAMICIN 80MG/ NSS... 80 MG/100 ML IV Q8H 09/16 06:00	not given?
***TOPICAL/EXTERNAL USE ONLY*** TO RASH	not given?
LABETALOL 100 MG/(0.5 x 200 M... ORAL Q8H 09/16 06:00	not given?
BETABLOCKER HOLD SBP<90,HR<55	not given?
<b>Due (3)</b>	
INDOMETHACIN 50 MG/(2 x 25 MG C... ORAL TIDCC 09/16 08:00	MG 1 CAP
Incorrect Amount	Override ORAL
TAKE/GIVE WITH FOOD	
FERROUS SULFATE 325 MG/1 TAB ORAL OH 09/16 08:00	not given?
(Simultaneous) GIVE FERROUS SULFATE 325MG W MAALOX 30ML TO RED...	
ALUM-MAG HYDROXIDE... 30 ML SUSP ORAL OH 09/16 08:00	

Save Cancel

Start Inbox - Microsoft ... CareOrganizer Training Manual.d... McKesson PCView ... McKesson Care Organizer - A... Logged in User: ... 8:12 AM

The bright yellow cue is resolved. Scan the patients wrist band.

Logged in User: SHARON KREINBROOK RN [true|ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: ADMINRX, SUE NKA Refresh DAS Vitals

Age: 65 yr Gender: F Attending: WILSON, MICHAEL... Fac-Dept: MMC-A7 DOB: 06/06/1946 Acct: 1600595  
 Diagnosis: Service: MED Rm-Bed: 0708-1 Admit Dt: 09/12/2011 MRN: 000160248

DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab Transcription  
 Wound/Ostomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED Pre-op Checklist - HED  
 NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascore HED Hospitalist Coordinator  
 Vital signs Pain Tab ☒ Meds IV Admin Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED M/S ASSESSMENT - HED

Show All + Expand All - Collapse All Add Selection 09/16/2011

ALL MEDS ☐ More Results 08:02

Overdue (33) Due (3) ALL MEDS: Overdue (33) Add Med Orders 08:02 (Admin Time)

MICONAZOLE NITRATE...	1 APPLIC POWD	TOPL	Q6H	09/16 06:00	not given?
TO ABDOMENAL FOLDS					not given?
FLUOCINONIDE 0.05 % (...)	1 APPLIC CREA	TOPL	QAM	09/16 06:00	not given?
**TOPICAL/EXTERNAL USE ONLY** TO RASH					not given?
GENTAMICIN 80MG/ NSS...	80 MG/100 ML	IV	Q8H	09/16 06:00	not given?
LABETALOL	100 MG/(0.5 x 200 M...	ORAL	Q8H	09/16 06:00	not given?
BETABLOCKER HOLD SBP<90,HR<55					
<b>Due (3)</b>					
INDOMETHACIN	50 MG/(2 x 25 MG C...	ORAL	TIDCC	09/16 08:00	50 MG 2 CAP
TAKE/GIVE WITH FOOD					ORAL
FERROUS SULFATE	325 MG/1 TAB	ORAL	OH	09/16 08:00	not given?
(Simultaneous) GIVE FERROUS SULFATE 325MG W MAALOX 30ML TO RED...					
ALUM-MAG HYDROXIDE...	30 ML SUSP	ORAL	OH	09/16 08:00	not given?
(Simultaneous) GIVE FERROUS SULFATE 325MG W MAALOX 30ML TO RED...					

Save Cancel

Start Inbox - Microsoft ... Care Organizer Training Manual.d... McKesson PCView ... Care Organizer - A... Logged in User: ... 8:18 AM



The medication will then be documented in the date and time column.

Logged in User: SHARON KREINBROOK RN [true | ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: ADMINRX, SUE NKA Refresh DAS Vitals

Age: 65 yr Gender: F Attending: WILSON, MICHAEL... Fac-Dept: MMC-A7 DOB: 06/06/1946 Acct: 1600595  
Diagnosis: Service: MED Rm-Bed: 0708-1 Admit Dt: 09/12/2011 MRN: 000160248

DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab Transcription  
Wound/Ostomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED Pre-op Checklist - HED  
NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascare HED Hospitalist Coordinator  
Vital signs Pain Tab Meds IV Admin Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED M/S ASSESSMENT - HED

Show All + Expand All - Collapse All

ALL MEDS More Results 09/16/2011 08:02

ALL MEDS Admin Review Med Ord

INDOMETHACIN 50 MG

09/16/2011 08:02

Start | Inbox - Microsoft ... | CareOrganizer | Training Manual.d... | McKesson PCView ... | McKesson Care Organizer - A... | Logged in User: ... | 8:27 AM

When you scan a med that was recently given, a warning message appears in yellow that states recently given. For this medication it is also the incorrect dosage. To remove the medication scanned in error, click the undo button.

The screenshot shows a medical software interface for a patient named ADMINRX, SUE. The interface includes a menu bar, patient information, a list of tabs, and a medication list. The medication list shows several medications, with Indomethacin highlighted in yellow. A yellow warning message is displayed next to Indomethacin, stating: "Admin Too Late", "INDOMETHACIN Recently Given 08:02", "Incorrect Amount", and "TAKE/GIVE WITH FOOD". An arrow points from the text "a warning message appears in yellow" to this warning. Another arrow points from the text "click the undo button" to the "Undo" button in the medication entry area. The medication entry area shows "50 MG/(2 x 25 MG C..." and "ORAL TIDCC 09/15 12:00". The "Undo" button is located next to the medication entry.

This is for the override reason.

This will chart the medication as NOT GIVEN.



If the bar code would not scan you can select the date and time of the scheduled med, then click 'Admin Med'

The medication admin panel will contain the med and you may proceed to scan the patients wristband, apply the medication and confirm.

Logged in User: SHARON KREINBROOK RN [true[ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: ADMINRX, SUE NKA Refresh DAS Vitals

Age: 65 yr Gender: F Attending: WILSON, MICHAEL... Fac - Dept: MMC - A7 DOB: 06/06/1946 Acct: 1600595  
 Diagnosis: Service: MED Rm-Bed: 0708-1 Admit Dt: 09/12/2011 MRN: 000160248

DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab Transcription  
 Wound/Stomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED Pre-op Checklist - HED  
 NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascare HED Hospitalist Coordinator  
 Vital signs Pain Tab ☒ Meds IV Admin Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED M/S ASSESSMENT - HED

Show All + Expand All - Collapse All Add Selection 09/19/2011

ALL MEDS ☐ More Results 09/16/2011 08:02 09:29

Overdue (23) Due (5)

ALL MEDS: Overdue (23) Add Med Orders 09:29 (Admin Time)

TAKE/GIVE WITH FOOD

FERROUS SULFATE	325 MG/1 TAB	ORAL	OH	09/19 08:00	not given?
(Simultaneous) GIVE FERROUS SULFATE 325MG W MAALOX 30ML TO RED...					not given?
ALUM-MAG HYDROXIDE...	30 ML SUSP	ORAL	OH	09/19 08:00	not given?
(Simultaneous) GIVE FERROUS SULFATE 325MG W MAALOX 30ML TO RED...					not given?
<b>Due (5)</b>					
NICOTINE 14 MG/24 HR (...)	14 MG/1 PATCH	TOPL	DAILY	09/19 09:00	14 MG 1 PATCH TOPL
***TOPICAL/EXTERNAL USE ONLY***					
ASPIRIN	325 MG/1 TBEC	ORAL	DAILY	09/19 09:00	not given?
***DO NOT CRUSH OR CHEW*** -SWALLOW WHOLE					
ALBUTEROL-IPRAT	2.5-0... 3 ML	INHA...	RTQID	09/19 09:00	not given?
*TO BE ADM BY RESPIRATORY THERAPIST*					
NEOMYCIN-POLYMYXIN...	4 DROP DRPS	OTIC	QID	09/19 09:00	not given?
***FOR THE EAR *** TO RIGHT EAR					
DIGOXIN (LANOXIN)	125 MCG/1 TAB	ORAL	QOD	09/19 09:00	not given?

Save Cancel

Start IS Calendar - Cale... CareOrganizer Training Manual.d... McKesson PCView ... McKesson Care Organizer - A... Logged in User: ... 9:35 AM

If you select a med 'not given' reason, the medication will be removed from the remaining schedules for that day.



When you are in HED and click on the admin button and the medication is not yet entered by the pharmacy and the bar scan does not scan, you can click on the Add button.

Logged in User: SHARON KREINBROOK RN [true] [ADMINX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: ADMINRX, SUE NKA Refresh DAS Vitals

Age: 65 yr Gender: F Attending: WILSON, MICHAEL... Fac - Dept: MMC - A7 DOB: 06/06/1946 Acct: 1600595  
 Diagnosis: Service: MED Rm-Bed: 0708-1 Admit Dt: 09/12/2011 MRN: 000160248

DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab Transcription  
 Wound/Stomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED Pre-op Checklist - HED  
 NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascare HED Hospitalist Coordinator  
 Vital signs Pain Tab Meds IV Admin Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED M/S ASSESSMENT - HED

Show All + Expand All - Collapse All Add Selection 09/19/2011

ALL MEDS 09/16/2011 08:02 13:36

Overdue (28) Due (2) ALL MEDS: Overdue (28) Add Med Orders 13:36 (Admin Time)

FOR THE EAR TO RIGHT EAR

DIGOXIN (LANOXIN)	125 MCG/1 TAB	ORAL	QOD	09/19 09:00	not given?
INDOMETHACIN	50 MG/(2 x 25 MG C...	ORAL	TIDCC	09/19 12:00	not given?
TAKE/GIVE WITH FOOD					not given?
MICONAZOLE NITRATE...	1 APPLIC POWD	TOPL	Q6H	09/19 12:00	not given?
TO ABDOMENAL FOLDS					not given?
ALBUTEROL-IPRAT 2.5-0...	3 ML	INHA...	RTQID	09/19 13:00	not given?
*TO BE ADM BY RESPIRATORY THERAPIST*					not given?
NEOMYCIN-POLYMYXIN...	4 DROP DRPS	OTIC	QID	09/19 13:00	not given?
FOR THE EAR TO RIGHT EAR					not given?
Due (2)					
METHYLPREDNISOLON...	20 MG/0.5 ML	IV	Q8H	09/19 14:00	not given?
LABETALOL	100 MG/(0.5 x 200 M...	ORAL	Q8H	09/19 14:00	not given?
BETABLOCKER HOLD SBP<90,HR<55					

Save Cancel

Start | Inbox - Microsoft ... | CareOrganizer | Training Manual.d... | McKesson PCView ... | McKesson Care Organizer - A... | Logged in User: ... | 1:36 PM

The Add button will put you into the pharmacy formulary where you can search for the med. Enter the generic name and click show floorstock then click on the item, then Add. (There are multiple selections of the same drug because the different drug companies have different barcodes).

Logged in User: SHARON KREINBROOK RN [true] [ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: ADMINRX, SUE NKA Refresh DAS Vitals

Age: 65 yr Gender: F Attending: WILSON, MICHAEL... Fac-Dept: MMC-A7 DOB: 06/06/1946 Acct: 1600595

Diagnosis: Service: MED Rm-Bed: 0708-1 Admit Dt: 09/12/2011 MRN: 000160248

DATABASE PART 1

Wound/Ostomy Consl

NIH Stroke Scale - HE

Vital signs Pain T.

Show All

ALL MEDS

Overdue (28)

Due (2)

Select Meds FORMULARY

Search: Show Floorstock

Primary Name	Secondary Name	Unit Dose	Route	Form
<input type="checkbox"/> ACETAMINOPH-COD 120-12 MG/5 ML...	ACETAMINOPHEN-CODEINE	12.5 ML ELIX	ORAL	ELIX
<input type="checkbox"/> ACETAMINOPHEN	ACEPHEN	120 MG=1 SUPP	RECTAL	SUPP
<input type="checkbox"/> ACETAMINOPHEN	ACEPHEN	120 MG=1 SUPP	RECTAL	SUPP
<input type="checkbox"/> ACETAMINOPHEN	ACETAMINOPHEN	120 MG=1 SUPP	RECTAL	SUPP
<input checked="" type="checkbox"/> ACETAMINOPHEN	ARTHRITIS PAIN RELIEF (ACETAM)	650 MG=1 TBER	ORAL	TBER
<input type="checkbox"/> ACETAMINOPHEN	ARTHRITIS PAIN RELIEF (ACETAM)	650 MG=1 TBER	ORAL	TBER
<input type="checkbox"/> ACETAMINOPHEN	ARTHRITIS PAIN RELIEF (ACETAM)	650 MG=1 TBER	ORAL	TBER
<input type="checkbox"/> ACETAMINOPHEN	CHILDREN'S TYLENOL MELTAWAYS	80 MG=1 TBDL	ORAL	TBDL
<input type="checkbox"/> ACETAMINOPHEN	FEVERALL	120 MG=1 SUPP	RECTAL	SUPP
<input type="checkbox"/> ACETAMINOPHEN	INFANT'S PAIN RELIEVER	80 MG=0.8 ML DROP	ORAL	DROP
<input type="checkbox"/> ACETAMINOPHEN	INFANT'S PAIN RELIEVER	80 MG=0.8 ML DROP	ORAL	DROP
<input type="checkbox"/> ACETAMINOPHEN	INFANT'S TYLENOL	80 MG=0.8 ML DROP	ORAL	DROP
<input type="checkbox"/> ACETAMINOPHEN	INFANTS MAPAP	80 MG=0.8 ML DROP	ORAL	DROP
<input type="checkbox"/> ACETAMINOPHEN	MAPAP ARTHRITIS PAIN	650 MG=1 TBER	ORAL	TBER
<input type="checkbox"/> ACETAMINOPHEN	OFIRMEV	1000 MG=100 ML INJ	IV	INJ
<input type="checkbox"/> ACETAMINOPHEN	PAIN & FEVER	80 MG=0.8 ML DROP	ORAL	DROP
<input type="checkbox"/> ACETAMINOPHEN	TYLENOL ARTHRITIS	650 MG=1 TBER	ORAL	TBER
<input type="checkbox"/> ACETAMINOPHEN	TYLENOL ARTHRITIS PAIN	650 MG=1 TBER	ORAL	TBER

Add Cancel

METHYLPREDNISOLON... 20 MG/0.5 ML IV Q8H 09/19 14:00

LABETALOL 100 MG/(0.5 x 200 M... ORAL Q8H 09/19 14:00

BETABLOCKER HOLD SBP<90,HR<55

not given?

not given?

Save Cancel

Start Inbox - Micros... CareOrganizer Training Manu... McK McKesson PCVi... McK Care Organize... Logged in User... Select Meds ... 1:41 PM

It will look like you scanned the med. Resolve all yellow cues. Scan the patient, watch the patient take the med then click confirm.  
Use the undo button if medication chosen in error.

Logged in User: SHARON KREINBROOK RN [true | ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: ADMINRX, SUE NKA Refresh DAS Vitals

Age: 65 yr Gender: F Attending: WILSON, MICHAEL... Fac - Dept: MMC - A7 DOB: 06/06/1946 Acct: 1600595  
Diagnosis: Service: MED Rm-Bed: 0708-1 Admit Dt: 09/12/2011 MRN: 000160248

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NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascare HED Hospitalist Coordinator  
Vital signs Pain Tab **Meds** IV Admin Restraints Tab IP/CHED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED M/S ASSESSMENT - HED

Show All + Expand All - Collapse All Add Selection 09/19/2011

ALL MEDS More Results 09/16/2011 08:02 13:36

Overdue (28) Due (2) New Order

ALL MEDS: Overdue (28) Add Med Orders 13:36 (Admin Time)

TAKE/GIVE WITH FOOD not given?

MICONAZOLE NITRATE... 1 APPLIC POWD TOPL Q6H 09/19 12:00 not given?

TO ABDOMENAL FOLDS not given?

ALBUTEROL-IPRAT 2.5-0... 3 ML INHA... RTQID 09/19 13:00 not given?

\*TO BE ADM BY RESPIRATORY THERAPIST\*

NEOMYCIN-POLYMYXIN... 4 DROP DRPS OTIC QID 09/19 13:00 not given?

FOR THE EAR TO RIGHT EAR not given?

Due (2)

METHYLPREDNISOLON... 20 MG/0.5 ML IV Q8H 09/19 14:00 not given?

LABETALOL 100 MG/(0.5 x 200 M... ORAL Q8H 09/19 14:00 not given?

BETABLOCKER HOLD SBP<90,HR<55

New Order

ACETAMINOPHEN (ART... 650 MG=1 TBER ORAL 09/19 13:36 650 MG 1 TBER

No Med Order Found Override ORAL

Save Cancel

Start Inbox - Microsoft ... CareOrganizer Training Manual.d... McKesson PCView ... McKesson Care Organizer - A... Logged in User: ... 1:46 PM

To change the time a medication was administered: After the medication is given, click on the medication ( as in Modify) click on the dark blue area, change the time in the 'clock' field and save. The medication will be moved to the appropriate time.

You must resolve the yellow visual cues to safely administer medication.  
Yellow cues will appear for:

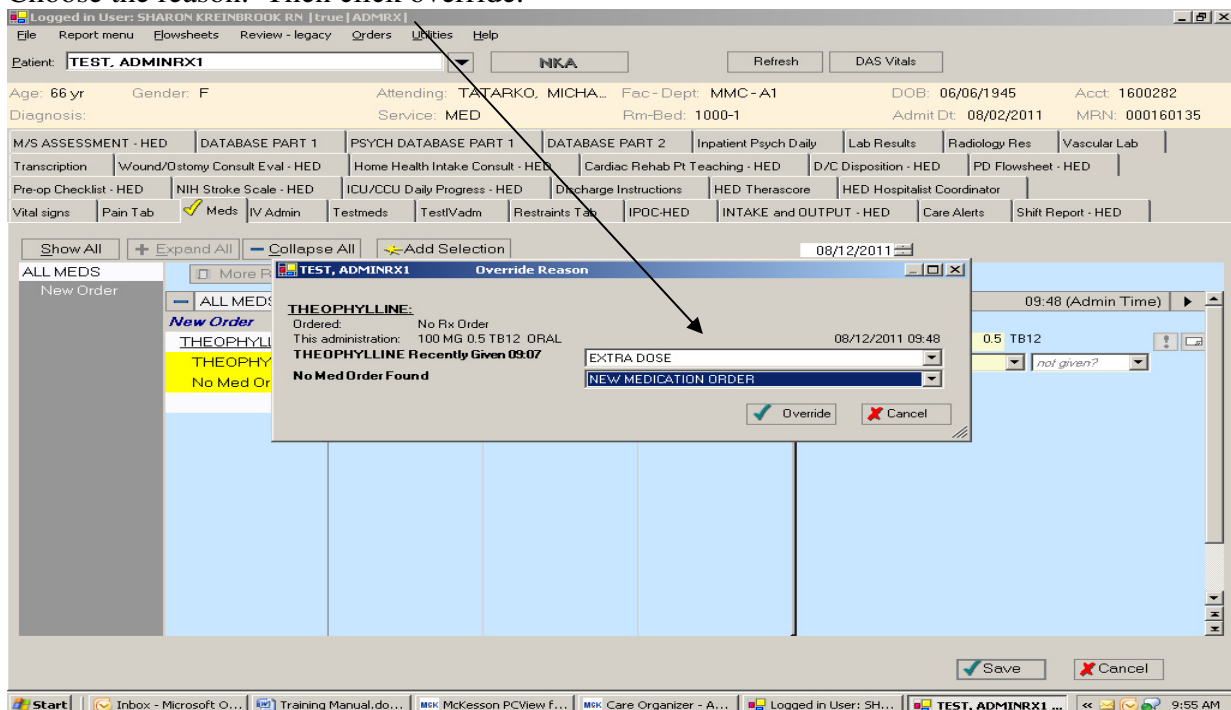
- Administered too early
- Administered too late
- Incorrect amount
- No schedule found

- Recently given
- No med order found

A no schedule found order is considered a 0 order. The medication has not yet been entered by the pharmacy. The end user is still able to administer the medication by either scanning the medication or selecting it from a list of formulary medications. (Use the ADD button to see the formulary, as above). Important to note even though this action is allowed in the system it should be kept to a minimum because it bypasses the electronic safety of medication administration.

If you click save without resolving the yellow visual cue, the system will force you to answer the override questions for the warnings. (see below)

Choose the reason. Then click override.



Remember, there is a cosign button if needed. Then confirm.

Logged in User: SHARON KREINBROOK RN [true] ADMRX1

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: TEST, ADMINRX1 NKA Refresh DAS Vitals

Age: 66 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC-A1 DOB: 06/06/1945 Acct: 1600282

Diagnosis: Service: MED Rm-Rcd: 1000-1 Admit Dt: 08/02/2011 MRN: 000160135

M/S ASSESSMENT - HEI TEST, ADMINRX1 Review Charting Session

Transcription Wound 08/12/2011 10:14

Pre-op Checklist - HED

Vital signs Pain Tab

Show All +

ALL MEDS New Order

ALL MEDS	10:14	10:14 (Admin Time)
THEOPHYLLINE...	200 MG 1 TB12 ORAL	

Cosign Confirm Chart New Back Discard

Save Cancel

Start | Inbox - Microsoft O... | Training Manual.do... | McKesson PCView F... | McK Care Organizer - A... | Logged in User: SH... | TEST, ADMINRX1 ... | 10:16 AM

The medication will be charted for the date and time given.

Logged in User: SHARON KREINBROOK RN [true] [ADM RX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: TEST, ADMINRX1 NKA Refresh DAS Vitals

Age: 66 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC-A1 DOB: 06/06/1945 Acct: 1600282  
 Diagnosis: Service: MED Rm-Bed: 1000-1 Admit Dt: 08/02/2011 MRN: 000160135

M/S ASSESSMENT - HED DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab  
 Transcription Wound/Ostomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED  
 Pre-op Checklist - HED NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascore HED Hospitalist Coordinator  
 Vital signs Pain Tab Meds IV Admin Testmeds Test/Vadm Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED

Show All Expand All Collapse All

ALL MEDS

	08/11/2011 10:59	08/11/2011 11:01	08/12/2011 09:07	08/12/2011 09:10	08/12/2011 09:48	08/12/2011 10:14
ALL MEDS	Admin	Review Med Ord				
ALBUT-IPRAT NEB		3 ML INHALATI *				
APAP-CAF-BUT 325						
DEXTROS 5%-1/2NS						
EZET-SIMVA 10-10						
FUROSEMIDE						
INDOMETHACIN	Not Given-Pt ref *					
LABELALOL	100 MG					
METHYLPREDNISOL						
METOPROLOL TART						
NALOXONE						
POTASSIUM CHLOR			200 MG	Not Given-Pt ref *	100 MG	200 MG
PROMETHAZINE						
THEOPHYLLINE						

Start | Inbox - Microsoft Outlook | Training Manual.docx - M... | McKesson PCView for Wi... | McKesson Care Organizer - A1 100... | Logged in User: SHAR... | 10:21 AM

To modify an administered medication, click directly on the medication. Then double click on any dark blue field to make fields changeable. You are then able to make a change. Remember you are able to change only the medication that you charted. The co sign function is still available if needed. Be sure to document why medication was changed and what is correct in the note.

You can also use this function to complete an IV med. Document in the Admin note when the med completed and taken down (ie IV Gentamicin). If the nurse taking down the medication is different than the one who hung the med, you will enter your electronic signature by clicking cosign.

Then click save.

The screenshot shows a medical software interface with a patient record for 'TEST, ADMINRX1'. The patient's age is 66 yr, gender is F, and the attending physician is TATARKO, MICHA... The patient is currently on MED service in room 1000-1. The interface includes various tabs for medical history, lab results, and medication administration. A pop-up window titled 'Result Detail: 08/12/2011 10:14' is open, showing details for THEOPHYLLINE 200 MG. The dose is set to 100 MG, and the route is ORAL. The admin date/time is 08/12/2011 10:14. The admin note states 'patient spit out 1/2 of the tablet and refused to take any more.' The significant event is marked as 'No' and the cosign is 'Click to Cosign'. The status is 'Original'. The charted at time is 08/12/2011 10:20, and the charted by is SHARON KREINBROOK. The ordered drug is 'No Px Order'. The ordered dose is 200 MG. The pop-up window has 'OK', 'Save', and 'Cancel' buttons. The background shows a medication administration record table with columns for date and time, and rows for various medications including THEOPHYLLINE.

Medication	Dose	Route	Admin Date/Time	Status	Charted By	Ordered Drug	Ordered Dose
THEOPHYLLINE	200 MG	ORAL	08/12/2011 10:14	Original	SHARON KREINBROOK	No Px Order	200 MG



The medication is in parenthesis, designating that it has been modified. If you hover over the yellow annotation box, the message appears. (Just like in HED charting)

Logged in User: SHARON KREINBROCK RN [true] [ADMINX]

File Report menu Flowsheets Review - Legacy Orders Utilities Help

Patient: TEST, ADMINRX1 NKA Refresh DAS Vitals

Age: 66 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC-A1 DOB: 06/06/1945 Acct: 1600282  
Diagnosis: Service: MED Rm-Bed: 1000-1 Admit Dt: 08/02/2011 MRN: 000160135

M/S ASSESSMENT - HED DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab  
Transcription Wound/Stomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED  
Pre-op Checklist - HED NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascare HED Hospitalist Coordinator  
Vital signs Pain Tab Meds IV Admin Testmeds TestIVadm Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED

Show All + Expand All - Collapse All

ALL MEDS More Results 08/11/2011 10:59 08/11/2011 11:01 08/12/2011 09:07 08/12/2011 09:10 08/12/2011 09:48 08/12/2011 10:14

ALL MEDS Admin Review Med Ord

ALBUT-IPRAT NEB			3 ML INHALATI *				
APAP-CAF-BUT 325							
DEXTROS 5%-1/2NS							
EZET-SIMVA 10-10							
FUROSEMIDE							
INDOMETHACIN	Not Given-Pt ref *						
LABETALOL	100 MG						
METHYLPREDNISOL							
METOPROLOL TART							
NALOXONE							
POTASSIUM CHLOR							
PROMETHAZINE				200 MG	Not Given-Pt ref *		
THEOPHYLLINE						100 MG	(100 MG)

pt spit out 1/2 of the tablet and refused to take any more

08/11/2011 10:59 08/11/2011 11:01 08/12/2011 09:07 08/12/2011 09:10 08/12/2011 09:48 08/12/2011 10:14

Start Inbox - Microsoft Outlook Training Manual.docx - M... McKesson PCView for Wi... Care Organizer - A1 100... Logged in User: SHAR... 10:37 AM



Inactivating a medication administration result:

Do not inactivate the admission of an incorrect medication, follow the policy for medication errors.

Inactivation may be done only by the person who administered the med, within the allowable time frame, and if the end user has the security to inactivate.

Inactivation is always a 2 step process. First chart that it is not correct and why and save. Click on the result, click in the dark blue type a note that the administration was not done. Then save. Then click on the medication again and click on the Inactivate Admin button.

Logged in User: SHARON KREINBROOK RN [true] [ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: TEST, ADMINRX1 NKA Refresh DAS Vitals

Age: 66 yr Gender: F Attending: TATARKO, MICHA... Fac - Dept: MMC - A1 DOB: 06/06/1945 Acct: 1600282

Diagnosis: Service: MED Rm-Bed: 1000-1 Admit Dt: 08/02/2011 MRN: 000160135

M/S ASSESSMENT - HED DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab

Transcription Wound/Ostomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - MED PD Flowsheet - HED

Pre-op Checklist - HED NIH Stroke Scale - HED

Vital signs Pain Tab Meds IV Adm

Show All + Expand All - Col

ALL MEDS

ALL MEDS

ALBUT-IPRAT N

APAP-CAF-BUT

DEXTROS 5%-1/

EZET-SIMVA 10-

FUROSEMIDE

INDOMETHACIN

LABETALOL

METHYLPREDN

METOPROLOL T

NALOXONE

POTASSIUM CHLOR

PROMETHAZINE

THEOPHYLLINE

200 MG Not Given-Pt ref \* 100 MG (100 MG)

08/11/2011 10:59 08/11/2011 11:01 08/12/2011 09:07 08/12/2011 09:10 08/12/2011 09:48 08/12/2011 10:14

TEST, ADMINRX1 Result Detail: 08/12/2011 10:14

08/12/2011 10:14

THEOPHYLLINE (100 MG)

THEOPHYLLINE 100 MG 0.5 TB12 ORAL

Med Admin

THEOPHYLLINE

Dose: 100 MG Amt: 0.5 TB12 Site:

Route: ORAL Given: Y

Admin date/time: 08/12/2011 10:14

Admin Note: pt spit out 1/2 of the tablet and refused to take any more

Significant: No Inactivate Admin

Cosign: Click to Cosign

Status: Modified

OK Save Cancel

It will blank out the administration. Then click save. The medication will be removed from the column.

Logged in User: SHARON KREINBROOK RN [true] [ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: TEST, ADMINRX1 NKA Refresh DAS Vitals

Age: 66 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC-A1 DOB: 06/06/1945 Acct: 1600282  
 Diagnosis: Service: MED Rm-Bed: 1000-1 Admit Dt: 08/02/2011 MRN: 000160135

M/S ASSESSMENT - HED DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab  
 Transcription Wound/Dstomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED  
 Pre-op Checklist - HED NIH Stroke Scale - HED  
 Vital signs Pain Tab **Meds** IV Adm

TEST, ADMINRX1 Result Detail: 08/12/2011 10:14

08/12/2011 10:14  
 THEOPHYLLINE (100 MG)  
 Dose: Amt: Site:  
 Route: Given:  
 Admin date/time: 08/12/2011 10:14  
 Admin Note:  
 Significant: Restore Admin  
 Cosign:  
 Status:  
 Modified  
 Charted at: 08/12/2011 10:36 Charted by: SHARON KREINBROOK  
 Ordered Drug:  
 Order #:  
 OK Save Cancel

ALL MEDS	08/11/2011 10:59	08/11/2011 11:01	08/12/2011 09:07	08/12/2011 09:10	08/12/2011 09:48	08/12/2011 10:14
THEOPHYLLINE			200 MG	Not Given-Pt ref *	100 MG	(100 MG)

Start | Inbox - Microsoft O... | Training Manual.do... | McK McKesson PCView F... | McK Care Organizer - A... | Logged in User: SH... | TEST, ADMINRX1 ... | 11:10 AM

Remember that all modification and inactivation will be captured on the audit trail and will print to Patient folder at the time of discharge. It will also print when you print the Medication administration record for transfer to non automated unit, surgery, Interventiional radiology,or GI lab.

Clicking on the date and time box will not give you the option to inactivate the entire column. The inactivate option will be greyed out and unavailable for use.

## Administer IV's, documenting in ADMINRX:

Click on the IV Admin tab.

Logged in User: SHARON KREINBROOK RN [true] [DEFAULT]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: TEST, ADMINRX1 NKA Refresh DAS Vitals

Age: 66 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC-A1 DOB: 06/06/1945 Acct: 1600282  
Diagnosis: Service: MED Rm-Bed: 1000-1 Admit Dt: 08/02/2011 MRN: 000160135

Transcription Wound/Ostomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED  
Pre-op Checklist - HED NIH Stroke Scale - HED ICU/CCU Daily Progress - HED Discharge Instructions HED Therascare HED Hospitalist Coordinator  
M/S ASSESSMENT - HED DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab  
Vital signs Pain Tab Meds **IV Admin** Testmeds Test/Vadm Restraints Tab IPOC-HED INTAKE and OUTPUT - HED Care Alerts Shift Report - HED

Show All + Expand All - Collapse All + Add Selection 08/16/2011 07:52

Vital Signs  
Pulse Oximetry  
Bld Gluc Monitor  
Bladder Scan  
Meals

☐ More Results

Vital Signs Add Show All

Temp #1					C		
PULSE #1					bpm		
Monitor high/low	-						
Respirations							
Monitor hi/apnea	-						
BP #1	/						
NIBP	/				mmHg		
NIBP Mean					mmHg		
BP monitor hi/lo	-						
Arterial sys/dias	/				mmHg		
Arterial mean					mmHg		
Artl mean hi/low	-						
CVP					mmHg		
ICP					mmHg		
CPP					mmHg		
TEMP #2					C		

Save Cancel

Start | Inbox - Microsoft O... | CareOrganizer | Training Manual.do... | MCK McKesson PCView f... | MCK Care Organizer - A... | Logged in User: S... | 7:52 AM

The IV administration screen will open. Click new IV's. If the IV's are entered by the pharmacy they will appear in the administration box. You will have the IV bag. Scan the bag to verify. You will also be able to select an IV from the stock bottle list or scan the IV bag from the stock IV's. The preferred method is to scan the bag.

**IV Administration - WHITE, RX1 0831-1 - Add New IV**

Search Reset

IV Name Volume Ord-Btl Sched Date

**AVAILABLE ORDERED BOTTLES**

**STOCK BOTTLES**

D5-1/4 NS W KCL 20 MEQ/L 1000 ML SOLP	1000 ML		
D5-1/2 NS W KCL 40 MEQ/L 1000 ML SOLP	1000 ML		
DEXTROSE 5% IN WATER (D5W) 1000 ML SOL	1000 ML		
DEXTROSE 5% IN WATER (D5W) 500 ML SOL	500 ML		
DEXTROSE 5% IN WATER (D5W) 250 ML SOL	250 ML		
DEXTROSE 5%-1/2 NORMAL SALINE 1000 ML	1000 ML		
DEXTROSE 5%-LACT RINGERS 5 % 1000 ML	1000 ML		
DEXTROSE 5%-1/4 NORMAL SALINE 1000 ML	1000 ML		
D5-1/2 NS W KCL 20 MEQ/L 1000 ML SOLP	1000 ML		
DEXTROSE 5%-1/2 NORMAL SALINE 500 ML S	500 ML		

Show Ingrid OK Cancel

Save Exit

09/09/1934 Acct: 1600514  
Dt: 09/08/2011 MRN: 000160152

lab Transcription  
st - HED Pre-op Checklist - HED  
M/S ASSESSMENT - HED

Discard: ML

Note:

Verify Calc Intk Undo Rx Comm Details...

KREINBROOK, SHARON 09/12/2011 08:19

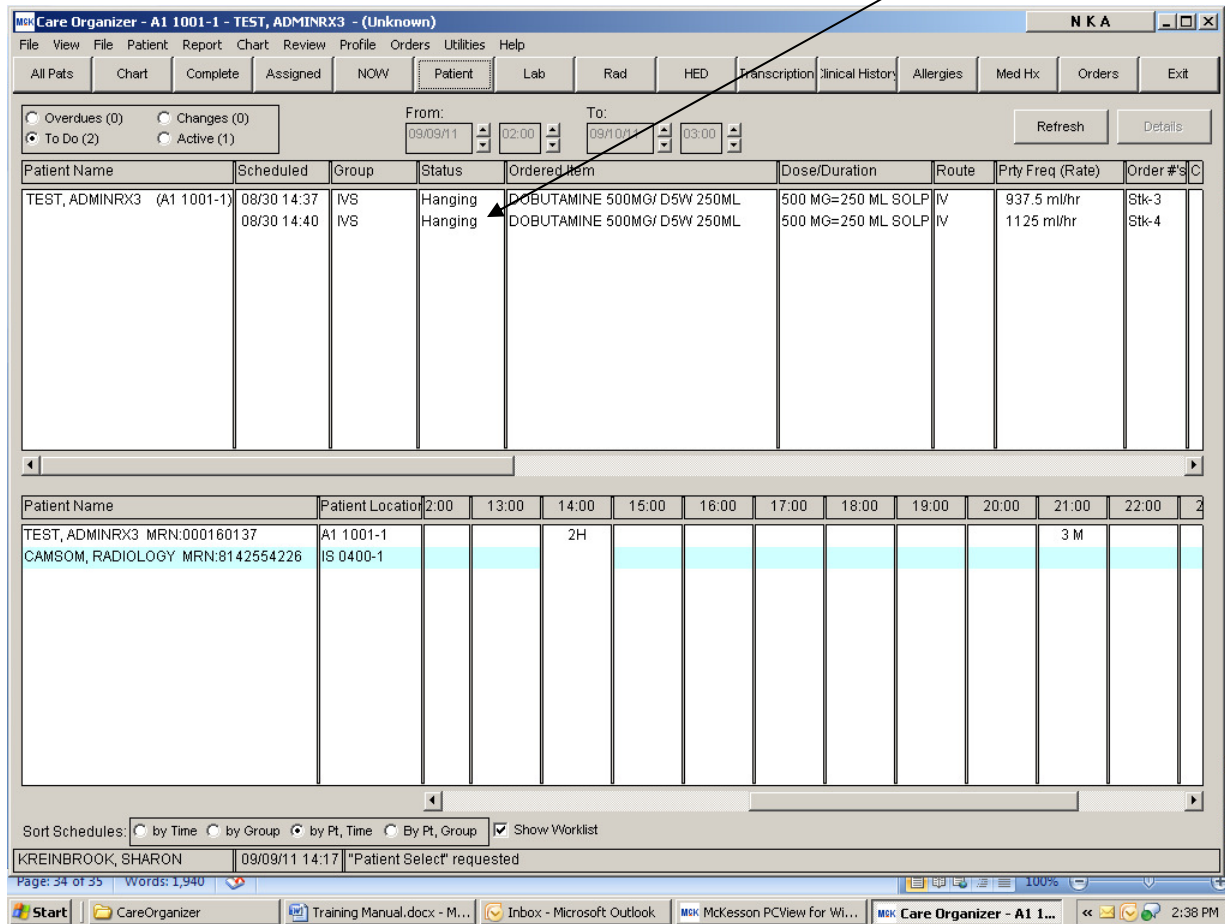
Start | Inbox - Microso... | CareOrganizer | Training Manua... | MSK McKesson PCVi... | MSK Care Organizer... | MSK IV Administra... | Logged in User... | 8:20 AM

The selection will be yellow. Complete the administration screen for rate, and site and any other information you need to document. Remember you have the note box for additional comments. Then save.

After it is saved the IV will be blue. Double click on the IV to see the detail.



When you go back to care organizer, with the 'to do' button clicked, you will see the IV hanging.



**Care Organizer - A1 1001-1 - TEST, ADMINRX3 - (Unknown)** N K A

File View File Patient Report Chart Review Profile Orders Utilities Help

All Pats Chart Complete Assigned NOW Patient Lab Rad HED Transcription Clinical History Allergies Med Hx Orders Exit

☐ Overdues (0)    ☐ Changes (0)    From: 09/09/11 02:00 To: 09/10/11 03:00    Refresh    Details  
☒ To Do (2)    ☐ Active (1)

Patient Name	Scheduled	Group	Status	Ordered Item	Dose/Duration	Route	Pty Freq (Rate)	Order #s
TEST, ADMINRX3 (A1 1001-1)	08/30 14:37	IVS	Hanging	DOBUTAMINE 500MG/ D5W 250ML	500 MG=250 ML SOLP	IV	937.5 ml/hr	Stk-3
	08/30 14:40	IVS	Hanging	DOBUTAMINE 500MG/ D5W 250ML	500 MG=250 ML SOLP	IV	1125 ml/hr	Stk-4

Patient Name	Patient Location	2:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	2
TEST, ADMINRX3 MRN:000160137	A1 1001-1			2H							3 M		
CAMSOM, RADIOLOGY MRN:8142554226	IS 0400-1												

Sort Schedules: ☐ by Time ☐ by Group ☒ by Pt, Time ☐ By Pt, Group ☒ Show Worklist

KREINBROOK, SHARON    09/09/11 14:17 "Patient Select" requested

Page: 34 of 35    Words: 1,940

Windows Taskbar: Start | CareOrganizer | Training Manual.docx - M... | Inbox - Microsoft Outlook | McKesson PCView for Wi... | Care Organizer - A1 1... | 2:38 PM



To end a bottle, click on the IV. Click end bottle. The amount disgarded will calculate according to time. If it is not the correct amount, correct it, and enter it into the I&O information. There is note space available for additional charting for each IV hung.

**IV Administration - TEST, ADMINRX3 1001-1** NKA

File Chart IV Help

08/16/11 07:54 Set Dt/Tm New IV... Review Dosing Wt = 0 kg Save Exit

IV Order	Rate	Site	Infused	Rem Vol	Status	Ord-Btl
LACTATED RINGERS 1000 ML <i>Warning: Hanging &gt; 24 hours</i>	80 ml/hr	NONE		1000 ML	Hanging	1-2
D5-1/2 NS W KCL 20 MEQ/L 1001 MMI, PEDI NO.1 WITH VIT K1 VIA THIAMINE HCL 100 MG <i>Warning: Hanging &gt; 24 hours</i>	100 ml/hr	R2		996 ML	Hanging	3-1
D5-1/4 NS W KCL 20 MEQ/L 1000	100 ml/hr	R3		1000 ML	Hanging	Stk-2

**D5-1/4 NS W KCL 20 MEQ/L 1000 ML SOLP**

Infus Rate: 100 ml/hr

Dose:

Vol Infus: 0 ML

Rem Vol: 1000 ML

Tot Infus: 0 ML

Site: R3

☐ Needs verification

☐ End b Discard: 0 ML

Note:

Verify Calc Intk Undo Rx Comm Details...

---

KREINBROOK, SHARON 08/16/2011 07:54

Arterial sys/dias					mmHg
Arterial mean					mmHg
Artl mean hi/low					
CVP					mmHg
ICP					mmHg
CPP					mmHg
TEMP #2					C

Save Cancel

Start Inbox - Microso... CareOrganizer Training Manua... MSK McKesson PCVi... MSK Care Organizer... MSK IV Administra... Logged in User... 7:56 AM



When hanging a weight based IV medication, the system will pull the weight from the admission. It will always use the admission weight. When you enter either the rate or dose, the system will calculate the other.

When hanging Heparin, the first RN will calculate the dose and hang the bottle and save. The second RN will sign on, select the patient, click on the heparin in the IV screen and verify the heparin dose in the note field. This will provide the electronic signature co sign required for heparin.

To change Heparin dose, click on the Heparin, change dosage, click on note to document if needed. Click Heparin again to activate the save button. Then click save.

The screenshot displays the 'IV Administration - ADMINRX, SUE 0708-1' window. At the top, there are buttons for 'Set Dt/Tm', 'New IV...', and 'Review'. A 'Dosing Wt' field is set to '0 kg'. Below this is a table with columns: IV Order, Rate, Site, Infused, Rem Vol, Status, and Ord-Btl. The first row shows 'HEPARIN IN D5W 25000 UNIT=250' with a rate of '10 ml/hr', site 'R1', and status 'Hanging'. To the right of the table, there are input fields for 'HEPARIN IN D5W 25000 UNIT=250 ML SOLN', 'Infus Rate' (10 ml/hr), 'Dose', 'Vol Infus' (0 ML), 'Rem Vol' (250 ML), 'Tot Infus' (0 ML), and 'Site' (R1). There are also checkboxes for 'Needs verification' and 'End b', and a 'Discard' field. A 'Note' field is at the bottom. On the right side of the window, patient information is displayed: '06/06/1946', 'Acct: 1600595', 'Dt: 09/12/2011', and 'MRN: 000160248'. At the bottom of the window, there are buttons for 'Verify', 'Calc Intk', 'Undo', 'Rx Comm', and 'Details...'. The taskbar at the bottom shows various open applications and the system clock at 9:53 AM.

Other IV meds that show under the meds tab can be co signed by signing on, clicking directly on the med and clicking the co sign button providing the electronic signature.

Logged in User: SHARON KREINBROOK RN [true] [ADMRX]

File Report menu Flowsheets Review - legacy Orders Utilities Help

Patient: WHITE, RX1 NKA Refresh DAS Vitals

Age: 77 yr Gender: F Attending: TATARKO, MICHA... Fac-Dept: MMC - R8 DOB: 09/09/1934 Acct: 1600514  
 Diagnosis: Service: MED Rm-Bed: 0831-1 Admit Dt: 09/08/2011 MRN: 000160152

DATABASE PART 1 PSYCH DATABASE PART 1 DATABASE PART 2 Inpatient Psych Daily Lab Results Radiology Res Vascular Lab Transcription  
 Wound/Stomy Consult Eval - HED Home Health Intake Consult - HED Cardiac Rehab Pt Teaching - HED D/C Disposition - HED PD Flowsheet - HED Pre-op Checklist - HED  
 NIH Stroke Scale - HED ICU/CCU Daily Pro... M/S ASSESSMENT - HED

Vital signs Pain Tab Meds IV Adm

Show All + Expand All - Col

ALL MEDS

ALL MEDS

ALBUT-IPRAT N  
 ALUM-MAG SIME  
 AMMONIUM LAC  
 ASPIRIN  
 CEFTRIAXONE/  
 D5/KCL 20MEQ/L  
 DIGOXIN  
 FERROUS SULF  
 FLUOCINON 0.05  
 GENT 80MG/NS  
 INDOMETHACIN  
 INSULIN(NOVO R)  
 MORPH 20MG/10ML  
 NEO-POLYMYX-HC  
 NICOTINE 14MG/D

09/12/2011 08:45  
 GENT 80MG/NS100 80 MG IV  
 GENT 80MG/NS100 80 MG 100 ML IV  
 Med Admin  
 GENTAMICIN 80MG/ NSS 100ML PREMIX (GENTAMICIN IN NA CL (ISO-OSM))  
 Dose: 80 MG Amt: 100... Site:  
 Route: IV Given: Y  
 Admin date/time: 09/12/2011 08:45  
 Admin Note:  
 Significant: No Inactivate Admin  
 Cosign: Click to Cosign  
 Status: Original

OK Save Cancel

09/08/2011 16:31 09/08/2011 16:33 09/08/2011 16:39 09/08/2011 16:47 09/08/2011 16:48 09/12/2011 08:45

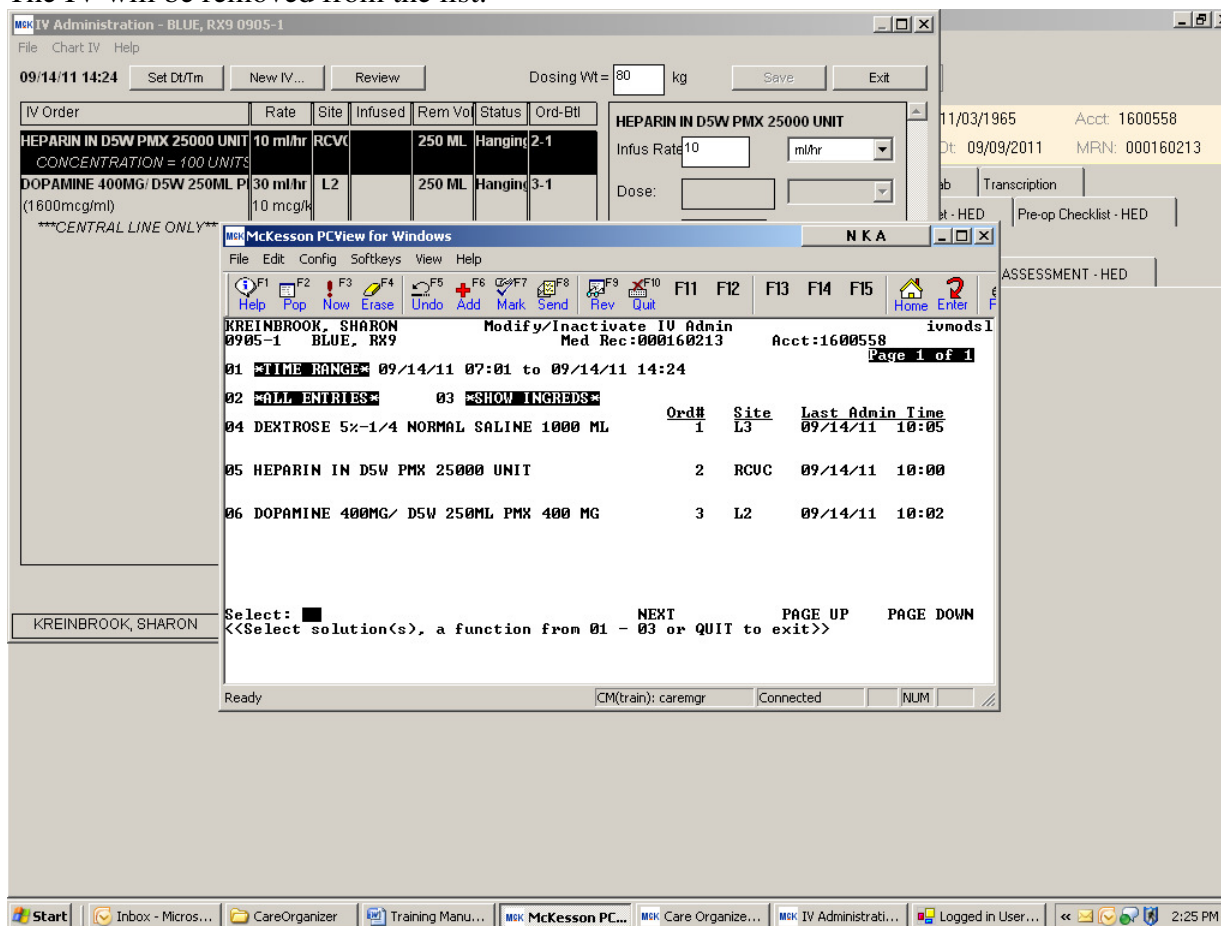
2 UNIT SUBCUT 50 MG 80 MG IV 1 APPLIC OTIC

If you are ending an IV or IV med that you did not hang, you will also use the cosign button. The system will record the time in the background.

If you inadvertently selected the wrong bag you are able to inactivate the IV. But if you hang the wrong IV you must stop the bottle and complete the policy required information (SRM). To inactivate an IV:

- Highlight the IV
- Click chart IV
- Select Modify / inactivate
- Click beside the solution you want to inactivate
- Click next
- Click inactivate
- Click item to be inactivated
- Click send.

The IV will be removed from the list.

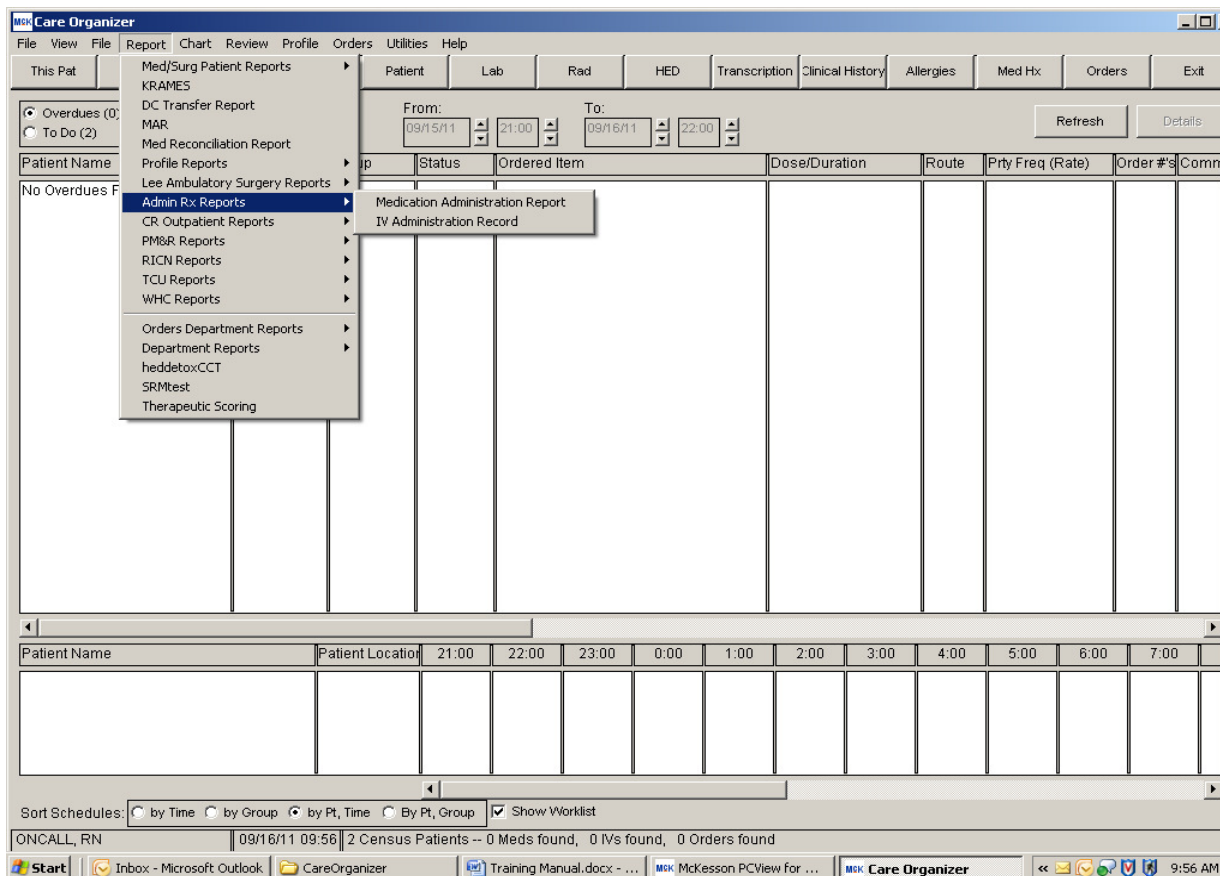


### Print an e-mar:

Under reports in care organizer click on reports, click on Admin RX reports, click on Medication administration report. A box will open showing the patients name, date range (change dates to capture needed time frames). Click no for permanent chart document and send. You will print an emar when a patient is being transferred to a non automated unit, surgery, interventional radiology, or GI lab.

Under reports in care organizer click on AdminRX reports click on IV administration record to print an emar for IV's. Complete the opened box and click send.

Along with the e mar, a report of all modification and inactivation done in the medication administration screen will print.



Code Blues will continue to be done on paper.

### **Downtime:**

Reports will be printed timely.

- Scheduled downtime – MARS will print prior to downtime
- Unscheduled downtime - MARS will print after the downtime and be distributed to the units.
- Care manager down – HMM will print MARS will have to document last dose
- HMM down – will have a history in care manager but paper MARS will be instituted,
- All new meds will not be in the system.

Untethered scanners will be used and be placed in chargers on the carts. Please remember to keep the scanner with the same cart. The scanner from one cart will not work with another cart.

Keep carts plugged in when possible to ensure sufficient charging.

### **When a bar code will not scan:**

Go to the med admin list and double click on the med to see the schedule. Select the admin med button. Scan the patient's wrist band, administer the med and confirm. Place the medication packaging in the designated area and notify one of the support staff (during live support) to

notify the pharmacy. Pharmacy or support staff will check to see if the bar code has been profiled. This should happen less often as we find all of the meds that may not have been profiled or have been added to the pharmacy. Eventually the number of bar codes that will not scan will be few. Report them directly to the pharmacy.

Multidose vials (insulin) will be in the pyxis and have tadpole barcodes. Draw up the insulin add a tadpole barcode label to the syringe. When taken to the bedside scan the patient, scan the syringe, scan the patient, administer the insulin and confirm. Remember, insulin sliding scale coverage is a prn med.

## Appendix D – NwHIN Conditional Acceptance

Page 1 of 1

**John Hargreaves**

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**From:** Yeager, Mariann (OS/ONC) (CTR) [Mariann.Yeager@hhs.gov]  
**Sent:** Tuesday, September 27, 2011 3:12 PM  
**To:** Joe Dado; John Hargreaves  
**Cc:** Michael Matthews; vijay.shah@nitorgroup.com; vroberts@nationalehealth.org  
**Subject:** Exchange Conditional Acceptance

Dear Joseph and John:

On September 26, 2011, the Exchange Coordinating Committee reviewed the validation testing results for Conemaugh Health System ("Conemaugh"). Based upon this information, we are pleased to notify you that Conemaugh has been conditionally accepted as a Participant in the Exchange.

This conditional acceptance requires that Conemaugh be ready to begin exchanging data in production using the validated services with another Exchange Participant no later than January 24, 2012. This is one hundred twenty (120) calendar days following the Coordinating Committee's conditional acceptance of your validation testing results.

As the Coordinating Committee Chair and on behalf of the Participants in the Exchange, I will countersign Conemaugh's DURSA Joinder Agreement, to take effect on the date you go into production as an Exchange Participant.

Please note that once the amended DURSA takes effect, Conemaugh will be required to sign the amended version. We will contact you with more details as the approval process progresses.

If, for any reason, Conemaugh is unable to go into production as an Exchange Participant by January 24, 2012, please notify your assigned ONC On Boarding Team representative and submit an extension request to the Coordinating Committee at [onc.exchangeinfo@hhs.gov](mailto:onc.exchangeinfo@hhs.gov). The Coordinating Committee may accept or deny this extension request in accordance with its operating policies and procedures.

Conemaugh's formal acceptance as a Participant takes effect on the date Conemaugh's system is operational in a production environment, able to exchange data with other Participants, Conemaugh's DURSA Joinder Agreement is fully executed, and when Conemaugh's Digital Credentials are issued and Conemaugh is added to the Exchange service registry.

We do ask that you withhold announcements about your participation until your Participation goes into effect.

The following outlines next steps:

- An on boarding team representative will issue Conemaugh its Production Digital Credentials once the outstanding issue is addressed and verified by the on boarding team.
- You will be asked to provide the on boarding team the required information to add Conemaugh to the Exchange service registry. The on boarding team will confirm that the information supplied is accurate by testing the information provided.
- The on boarding team will issue Conemaugh Digital Credentials in the production registry. At this point, Conemaugh becomes activated as a Participant in the Exchange, enabling other Participants to identify and begin exchanging health information with Conemaugh.

If you have any questions regarding this process, please do not hesitate to contact any of the individuals carbon copied on this letter.

Regards,

Mariann Yeager (Coordinating Committee Secretary) on behalf of:

Michael Matthews  
Chair, Exchange Coordinating Committee

9/27/2011

## Appendix E – Continuity of Care Document (C32)

SUMMARIZATION OF EPISODE NOTE - Microsoft Internet Explorer provided by Conemaugh Health System

https://208.51.45.40/CONNECTUniversalClientGUI/faces/Page3.jsp?docid=103.8.9284320.020.3590.75^13186149925

File Edit View Favorites Tools Help

SUMMARIZATION OF EPISODE NOTE

Conemaugh Health System  
SUMMARIZATION OF EPISODE NOTE  
Created on 14-OCT-2011

**Patient Demographics**

PATIENT: JAMES HAMILTON  
ADDRESS: 800 TELEPHONE CT  
HONOLULU, HI 96801  
Home: tel:808-300-2343

MRN: 845172  
BIRTHDATE: 02-JUL-1980  
SEX: Male  
MARITAL STATUS: Married

**Contacts**

NAME: BARBARA BROWN  
CONTACT TYPE: Emergency Contact

RELATIONSHIP: spouse  
PHONE: Home: tel:+1-808-300-2011

**Table of Contents**

- Problems
- Allergies and Adverse Reactions
- Medications

**Problems** [return to top](#)

NAME	CODE	ON SET DATE
Urinary Tract Infection	599.0	04-JUN-2008
Normal Routine History And Physical Adult	V70.0	No Date Recorded

**Allergies and Adverse Reactions** [return to top](#)

SUBSTANCE	EVENT TYPE	ON SET DATE	REACTION
Compazine TABS	Drug Allergy	04-DEC-1975	Tremor
Penicillins	Drug Allergy	15-FEB-1990	Tremor

**Medications** [return to top](#)

NAME	SIG	STATUS	ROUTE	Rx DATE	ORDERED BY
Sulfamethoxazole-TMP DS 800-160 MG Oral Tablet	TAKE 1 TABLET DAILY.	completed	Oral	01-JAN-2008	Provider Allscripts
LOrazepam 1 MG Oral Tablet	TAKE 1 TABLET DAILY AS DIRECTED.	completed	Oral	01-JAN-2009	Provider Allscripts
Boniva 150 MG Oral Tablet	TAKE 1 TABLET ONCE MONTHLY.	completed	Oral	22-SEP-2011	John Carter
FLUoxetine HCl 20 MG Oral Capsule	TAKE 1 CAPSULE DAILY.	completed	Oral	01-JAN-2008	Provider Allscripts

Electronically generated by Conemaugh Health System on October 14, 2011



## Appendix F – Emergency Room Discharge Summary (C62)

http://localhost:8080/CONNECTUniversalClientGUI/faces/Page3.jsp?docid=103.8.9284320.020.3590.75^1307118224016

localhost

File Edit Go Favorites Help

Suggested Sites Web Slice Gallery UniversalClientGUI TestDecode CONNECTUniversalClient... MIDHT Clinical Viewer DevConnectGUI

1 / 2 79.2%

PATIENT NAME: SMITH, ELIZABETH

DATE OF VISIT: 02/10/2011

CHIEF COMPLAINT: Cough and vomiting.

HISTORY OF PRESENT ILLNESS: The patient is an 25-year-old with a history of asthma presents to the ER with a 2 day history of nonproductive cough, generalized malaise, decreased p.o. intake, has had a few bouts of mucus-like vomiting. Child denies headaches. There has been no significant rhinorrhea, ear discomfort or throat discomfort. He has been swallowing without difficulty although mildly decreased appetite. He denies neck pain. There is no chest discomfort. No shortness of breath, however, he was sent home from school because father states because, "His lungs did not sound good." Child denies abdominal pain. There has been no bowel or bladder changes. States he is maintaining normal urine output. No other sick contacts. No recent travel. He is out of his albuterol MDI.

PAST MEDICAL HISTORY: As above.

MEDICATIONS: Per the ED record and reviewed.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Collage age child, no sick contacts, no recent travel. No reported smoke exposure.

REVIEW OF SYSTEMS: As per HPI, otherwise at least 12 systems were reviewed and negative.

PHYSICAL EXAM: An 25-year-old in no acute distress. Vital signs: Temperature 36.7, heart rate 94, respirations 18, blood pressure 107/77, O2 sat 99% on room air, pain 0/10. HEENT: Normocephalic, atraumatic. Pupils are equal and reactive bilaterally. Extraocular movements are intact. Sclerae clear without drainage. TMs are clear bilaterally. Nares pink without drainage. Oropharynx is moist. Appears well-hydrated, prominent tonsils, however, there is no exudate. No evidence of peritonsillar abscess. Uvula is at midline. No other intraoral lesions. Neck is supple. No adenopathy. No meningeal signs. Heart is regular without murmur. Lungs: Mild expiratory rhonchi bilaterally. Abdomen: Soft, nontender. Nondistended. No masses. Extremities: No clubbing, cyanosis or edema. Skin: Warm, dry, no rashes. No lesions. Neurologic exam: Patient is awake, alert and oriented times 3, moving all extremities. Gait s normal.

DIAGNOSTIC DATA: PA and lateral chest x-ray shows hyperinflated lungs consistent with his underlying asthma exacerbation. This is on preliminary reading.

NAME: SMITH, ELIZABETH  
MR#: 000470366 ACCOUNT#: 8618506 LOCATION: ER  
PHYSICIAN: JOSEPH A MOONEY M.D.  
CONEMAUGH VALLEY MEMORIAL HOSPITAL  
JOHNSTOWN, PA  
Emergency Room